HEALTHY PEOPLE 2000

Public Health Service Action

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary
for Health
Washington DC 20201

Dear Colleague:

I am pleased to present the *Healthy People 2000 Action Series* for your use and information. During the year and a half since release of *Healthy People 2000*, the one question I am asked most frequently is "what exactly are you doing to achieve the national objectives?" The *Action Series* is the beginning of an answer to that question. It describes the breadth of current action to achieve the Nation's health goals and objectives for the year 2000.

The Public Health Service is committed to achieving the three overarching goals and 300 specific objectives of *Healthy People 2000*. The three year, nationwide process used to set the goals and objectives determined what we needed to accomplish in the decade of the 1990s. We have accepted that challenge. Our task now is to determine how to achieve these national goals, then to achieve them.

The *Action Series* is the second step in the process, in that it is a critical resource for determining how to achieve goals and objectives. The Series lays out a baseline of current actions to accomplish the objectives being taken by the Public Health Service, the States, and national membership organizations of the Healthy People 2000 Consortium.

An impressive array of activities is described in the Series. *Public Health Service Action* describes nearly a thousand activities, ranging from low-cost information services to one hundred million dollar health services programs. *State Action* contains profiles from all 50 States and the District of Columbia, describing their objectives-related actions, their plans for achieving their objectives, and noting who has been involved in their efforts. *Consortium Action* describes some of the private sector actions that support our national health goals and objectives.

Nonetheless, the Series is not intended merely to impress. It is an information resource, connecting people who need to know what is going on to the people who can tell them. It is a baseline against which we can measure our efforts to expand activities. Finally, it is an integral element of strategic planning for the Public Health Service. We will use the Series to determine gaps, untapped opportunities, and unnecessary overlap and use this information to adjust our plans for achieving the objectives.

I commend the Series to you. I am counting on you to use this wealth of information to contribute to efforts to achieve *Healthy People 2000*.

Sincerely yours,

James O. Mason

James O. Mason, M.D., Dr.P.H.
Assistant Secretary for Health

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HEALTHY PEOPLE 2000

Public Health Service Action

1992 Edition

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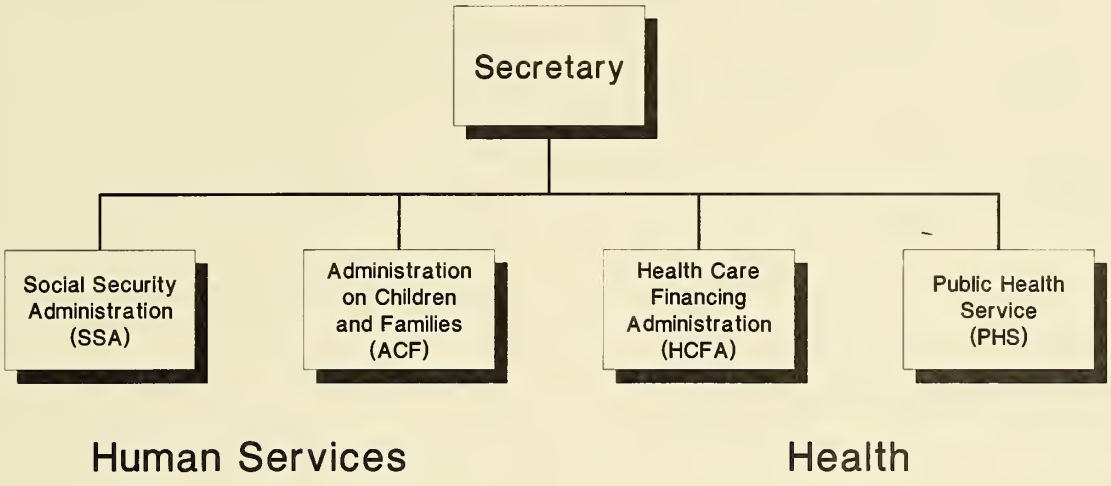
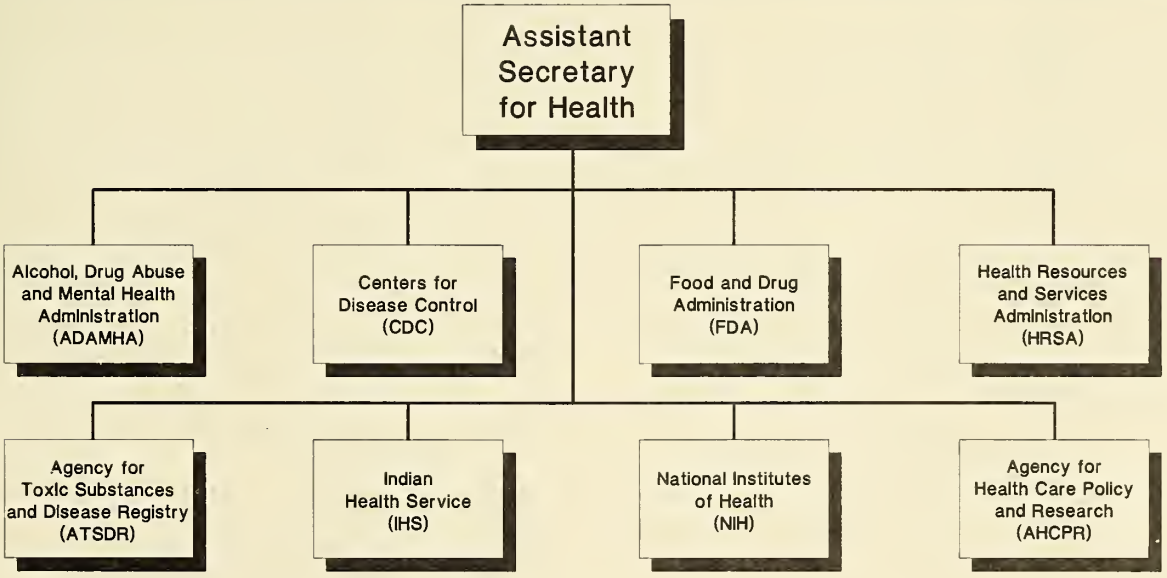


Public Health Service



Acronyms and Abbreviations

ATSDR ..... **Agency for Toxic Substances and Disease Registry**

DHE ..... Division of Health Education

DHAC ..... Division of Health Assessment and Consultation

DHS ..... Division of Health Studies

AHCPR ..... **Agency for Health Care Policy and Research**

ADAMHA ..... **Alcohol, Drug Abuse, and Mental Health Administration**

NIAAA ..... National Institute on Alcohol Abuse and Alcoholism

NIDA ..... National Institute on Drug Abuse

NIMH ..... National Institute of Mental Health

OSAP ..... Office for Substance Abuse Prevention

OTI ..... Office for Treatment Improvement

CDC ..... **Centers for Disease Control**

NCCDPHP .. National Center for Chronic Disease Prevention and Health Promotion

NCEHIC ..... National Center for Environmental Health and Injury Control

NCHS ..... National Center for Health Statistics

NCID ..... National Center for Infectious Diseases

NCPS ..... National Center for Prevention Services

NIOSH ..... National Institute for Occupational Safety and Health

EPI ..... Epidemiology Program Office

IHPO ..... International Health Program Office

PHPPO ..... Public Health Practice Program Office

FDA ..... **Food and Drug Administration**

CBER ..... Center for Biologics Evaluation and Research

CDER ..... Center for Drug Evaluation and Research

CFSAN ..... Center for Food Safety and Applied Nutrition

CDRH ..... Center for Devices and Radiologic Health

ORA ..... Office of Resource Administration

HRSA ..... **Health Resources and Services Administration**

BHCDA ..... Bureau of Health Care Delivery and Assistance

BHPr ..... Bureau of Health Professions

BHRD ..... Bureau of Health Resources Development

MCHB ..... Maternal and Child Health Bureau

OA ..... Office of the Administrator

ORHP ..... Office of Rural Health Policy

IHS ..... **Indian Health Service**

NIH ..... **National Institutes of Health**

NIA ..... National Institute on Aging

NIAID ..... National Institute of Allergy and Infectious Diseases

NIAMS ..... National Institute of Arthritis and Musculoskeletal and Skin Diseases

NCI ..... National Cancer Institute

NICHD ..... National Institute of Child Health and Human Development

NIDCD ..... National Institute of Deafness and Other Communication Disorders

NIDR ..... National Institute of Dental Research

NIDDK ..... National Institute of Diabetes and Digestive and Kidney Diseases

NIEHS ..... National Institute of Environmental Health Sciences

NEI ..... National Eye Institute

NIGMS ..... National Institute of General Medical Sciences

NHLBI ..... National Heart, Lung, and Blood Institute

NINDS ..... National Institute of Neurological Disorders and Stroke

NLM ..... National Library of Medicine

NCHGR ..... National Center for Human Genome Research

NCNR ..... National Center for Nursing Research

NCRR ..... National Center for Research Resources

OASH ..... **Office of the Assistant Secretary for Health**

NAPO ..... National AIDS Program Office

OPA ..... Office of Population Affairs

ODPHP ..... Office of Disease Prevention and Health Promotion

OMH ..... Office of Minority Health

PCPFS ..... President's Council of Physical Fitness and Sports

Part I

Introduction

Meeting the Healthy People 2000 Challenge

Part I
Introduction

Healthy People 2000: National Health Promotion and Disease Prevention Objectives, released in 1990, lays out a framework and directs national attention to realistic opportunities to achieve a healthier Nation by the year 2000. It states clearly that achievement depends on acceptance of shared responsibilities among government at every level, the media, health professionals, communities, families, and--perhaps most importantly--individuals. Now, more than one year along the way toward the targets that were set in 1990, it is time to begin to account for our actions to fulfill the commitments inherent in *Healthy People 2000*'s goals and objectives. What are we doing, in concrete terms, to carry out the challenging agenda that we laid out for ourselves?

The *Healthy People 2000 Action Series*

To begin the process of accountability, the Public Health Service has produced the *Healthy People 2000 Action Series*, a set of three reports that demonstrate that achieving Healthy People 2000 is a responsibility shared by the Federal Government, State governments, and private organizations. *Healthy People 2000: Consortium Action* describes the Healthy People 2000-related activities of the more than 325 national membership organizations of the Healthy People 2000 Consortium. This report begins the process of documenting activities in the private and nonprofit sectors that will help the Nation achieve its health objectives. *Healthy People 2000: State Action* describes the objectives-setting activities occurring in the States, with particular attention to efforts to include citizens and nongovernmental groups in health promotion.

Healthy People 2000: Public Health Service Action focuses specifically on activities supported by appropriations for fiscal year 1991 (October 1990 through September 1991). This report delineates the major activities of the U.S. Public Health Service across the 22 priority areas of *Healthy People 2000*.

It is important to remember that the "activities of the U.S. Public Health Service" actually reflect the involvement of hundreds of thousands of Americans who are part of an extended network of committed people in State and local governments, hospitals and clinics, community-based organizations, and institutions of higher learning. Funding, program design, technical assistance, and supporting information can often be traced from one of the Public Health Service's agencies or program offices to the front-line individuals who are the locus of real action.

Healthy People 2000: Public Health Service Action uses the structure of the 22 priority areas laid out in *Healthy People 2000* to provide a catalog of activities of the agencies and offices of the U.S. Public Health Service: the Agency for Health Care Policy and Research; the Alcohol, Drug Abuse, and Mental Health Administration; the Centers for Disease Control and Agency for Toxic Substances and Disease Registry; the Food and Drug Administration; the Health Resources and Services Administration; the Indian Health Service; the National Institutes of Health; and several program offices within the Office of the Assistant Secretary for Health. *Public Health Service Action* is meant to serve three purposes:

- Define the extent, in the 1991 fiscal year, of Public Health Service support for the achievement of *Healthy People 2000*'s goals and objectives;
- Serve as a directory of where within the Public Health Service one can find sources of program support for the priority areas and the objectives of *Healthy People 2000*; and
- Indicate the priority areas and objectives that are currently being addressed by Public Health Service programs and resources.

While this report focuses principally on the activities of the Public Health Service, it notes for each priority area other Federal agencies (within the Department of Health and Human Services and in other Departments) that support relevant activities.

Using Objectives to Improve Health: Historical Perspective

Healthy People 2000 grows out of a health strategy initiated in 1979 with the publication of *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention.* Chronicled in this report were the dramatic health gains that had been achieved in the United States since the turn of the century and the elements required for continued improvement. Five overarching national public health goals were set according to age group, with target declines in mortality to be reached by 1990.

In 1980, the Public Health Service published *Promoting Health/Preventing Disease: Objectives for the Nation.* In this volume, a set of 226 specific disease prevention and health promotion objectives were put forth as a means of accomplishing the broader goals. These objectives sought to improve health status, reduce risks to health, and expand public and professional awareness, service provision, and surveillance and evaluation techniques. *Healthy People 2000* uses experiences of the last decade to create a vision for the next.

Healthy People 2000

Work on *Healthy People 2000* began in 1987. The year 2000 objectives were developed as a collaborative effort between the Public Health Service and organizations, health professionals, and interested citizens across the country. In 1987, the Healthy People 2000 Consortium, comprised of more than 325 national membership organizations and all State and Territorial health departments, was convened to help guide the process. During 1987 and 1988, public hearings collected testimony and advice from 800 organizations and individuals. Based on this input, 22 priority areas for intervention were identified.

Healthy People 2000 sets three broad goals for public health over the next decade:

- Increase the span of healthy life for Americans;
- Reduce health disparities among Americans; and
- Achieve access to preventive services for all Americans.

Central to *Healthy People 2000* is the concept of increasing the numbers of Americans who live long and healthy lives. Inherent in that notion is that long life, without health, is not sufficient.

The second overarching goal calls for the elimination of disparities in health among population groups. The greatest opportunities for improvement and the greatest threats to the future health status of the people reside in populations that have historically been disadvantaged economically, educationally, and politically. *Healthy People 2000* calls for special attention to reducing--and finally eliminating--disparities in death, disease, and disability rates among these groups.

The final goal of *Healthy People 2000* calls for achieving access to preventive services for all people. Access to preventive services involves more than just availability of services. Preventive services cannot, and should not, be separated from basic primary health care. Thus, monitoring progress in the achievement of access to preventive services over the coming decade must focus on increases in the number of people who have a source of primary health care as well as those who have adequate insurance coverage for primary and preventive care.

In support of these three goals, *Healthy People 2000* has 300 measurable objectives organized into 22 priority areas. Twenty-one of these priority areas fall into three broad sections: Health Promotion, Health Protection, and Preventive Services. One additional priority area cuts across all categories and addresses Surveillance and Data Systems.

The first of these sections, Health Promotion, deals with behavior-related health concerns. Priority areas include: Physical Activity and Fitness, Nutrition, Tobacco, Alcohol and Other Drugs, Family Planning, Mental Health and Mental Disorders, Violent and Abusive Behavior, and Educational and Community-Based Programs.

The second section, Health Protection, covers health issues that are substantially linked to the physical and social environment. Priority areas here include: Unintentional Injuries, Occupational Safety and Health, Environmental Health, Food and Drug Safety, and Oral Health.

The final section, Preventive Services, primarily addresses interventions provided in clinical settings. Priority areas include: Maternal and Infant Health, Heart Disease and Stroke, Cancer, Diabetes and Chronic Disabling Conditions, HIV infection, Sexually Transmitted Diseases, Immunization and Infectious Diseases, and Clinical Preventive Services.

Healthy People 2000 lays out a prevention agenda for the next decade with measurable targets for improving health status, reducing risk factors for disease and disability, and improving health service delivery. Many of the objectives aim specifically at improving the health status of high-risk groups who bear a disproportionate share of disease, disability, and premature death compared to the total population. *Healthy People 2000* is a national consensus of health improvements we can achieve through concerted public and private effort.

Organization of *Public Health Service Action*

Public Health Service Action describes how the Public Health Service is supporting achievement of Healthy People 2000, beginning with descriptions of the agencies of the Public Health Service (PHS) and the means at their disposal to contribute to achievement of the health objectives. Each agency description begins with a chart that indicates the *Healthy People 2000* priority areas supported by the agency's activities. Agency descriptions also include information on their designations as Lead PHS Agencies for specific priority areas of *Healthy People 2000*.

Following the agency descriptions are 22 detailed tables, one for each priority area, describing the specific activities of each PHS agency directed at achievement of the objectives. Each of the 22 tables is introduced by a statement by the Lead PHS Agency that describes its strategy for ensuring that the objectives in the area are met by the year 2000. Lead PHS Agencies were designated by the Assistant Secretary of Health to ensure that specific entities within PHS have responsibility for leading the Nation in achieving each of the 300 *Healthy People 2000* objectives. With the exceptions of the Agency for Health Care Policy and Research, the Agency for Toxic Substances and Disease Registry, and the Indian Health Service, each of the PHS agencies has lead responsibility for at least one of the 22 priority areas.

Activity Descriptions: Contents and Cautions

The detailed tables describe approximately 860 of the PHS activities that support achievement of the objectives. Some activities support achievement directly, e.g., the National Heart, Lung, and Blood Institute's smoking education program to reduce the prevalence of smoking and the Food and Drug Administration's program of *salmonella enteritidis* information. Other activities support achievement indirectly, such as surveillance of the incidence of tuberculosis conducted by the Centers for Disease Control, and health-care provider training offered by the Health Resources and Services Administration. Activities are organized according to the priority areas of *Healthy People 2000*. Each activity is described briefly and accompanied by a listing of relevant priority areas and specific objectives; objective numbers correspond to those used in *Healthy People 2000*. A list of the *Healthy People 2000* objectives can be found in the appendix. The activity descriptions include a notation for "Related Issues." These notations tell the reader whether or not the activity is related to research needs (R), surveillance needs (S), and/or personnel needs (P) for a given priority area. If the activity generally supports achievement of the objectives in a priority area, it is coded as general (G). Activity descriptions also list the agency and bureau, center, or institute responsible for the activity and indicate if the activity *specifically* targets special populations (e.g., racial and ethnic minorities, people with low income, women) or a particular age group (e.g., infants, children, older people). The first page of each priority area section contains a key to related issue, special population, and age group codes.

To give users of *Public Health Service Action* a sense of the level of Federal resources devoted to the activities, each is classified according to one of the following dollar ranges: (1) less than $100,000; (2) $100,000 to $500,000; (3) $500,000 to $1,000,000; (4) $1,000,000 to $5,000,000; (5) $5,000,000 to $10,000,000; (6) $10,000,000 to $50,000,000; (7) $50,000,000 to $100,000,000; and (8) more than $100,000,000. These dollar ranges are rounded figures; they cannot be summed as an estimate of Federal resources devoted to *Healthy People 2000* nor can they be summed to estimate total resources devoted to a particular priority area. Resource ranges should not be summed due to the cross-cutting nature of many of the activities. For example, a PHS program intended to increase the proportion of overweight people who are dieting and exercising to lose weight directly supports achievement of objectives in the Physical Activity and Fitness, Nutrition, Heart Disease and Stroke, Cancer, and Diabetes and Chronic Disabling Conditions priority areas; consequently, this program description would be listed in each related priority area. Dividing a dollar amount associated with a specific cross-cutting activity among these priority areas would be arbitrary, at best. Instead, a resource range is given for the activity, and the related priority areas and objectives are noted.

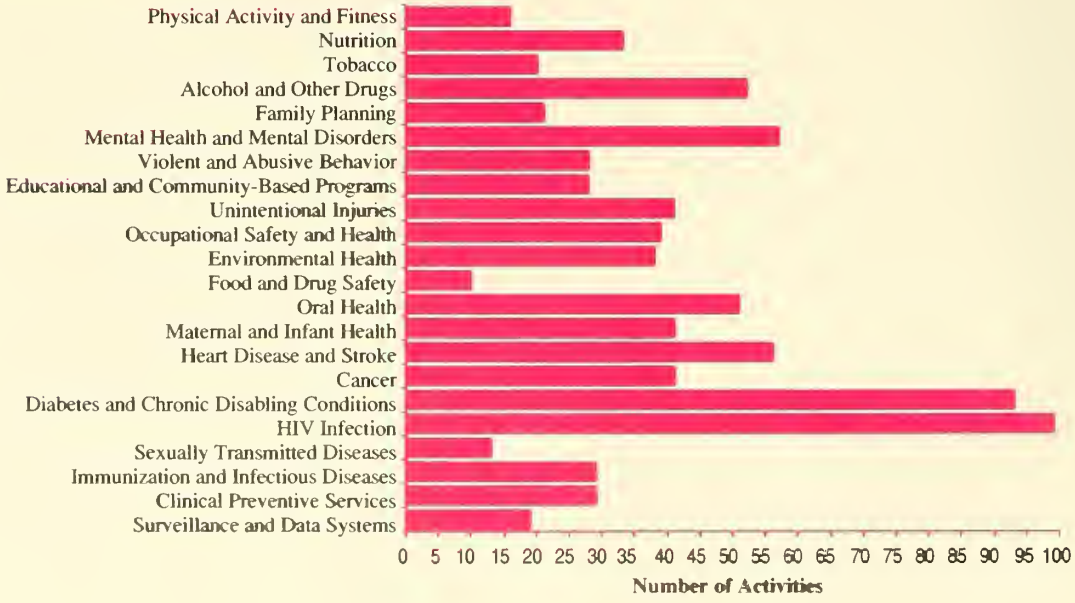
Readers will note that some activities do not include a resource range figure, instead a note directing the reader to another priority area is given. These notes indicate that the resources for the activity support achievement of objectives in more than priority area. To reduce confusion about the actual range of support for each duplicated activity, dollar ranges are provided only once for each activity. The note directs the reader to the activity's primary priority area.

As noted above, this report focuses principally on the activities of the Public Health Service. Nonetheless, the activities of other Federal agencies are often integral to achieving the *Healthy People 2000* objectives. To provide a more complete picture of Federal efforts, each priority area table lists other Federal agencies (within the Department of Health and Human Services and in other Departments) that support relevant activities. This list can be found at the end of each priority area table.

PHS Activities: Some Summary Statistics

Public Health Service Action describes 857 unique activities in the 22 *Healthy People 2000* priority areas (see below). Some activities relate to as many as six different priority areas. When duplicated activities are all counted, *Public Health Service Action* contains 1,292 activities.

PHS Activities by Priority Area



The PHS's largest agency, the National Institutes of Health has the greatest number of activities, 349 distributed among all 22 priority areas; the Agency for Toxic Substances and Disease Registry has the fewest, six activities in one priority area, Environmental Health.

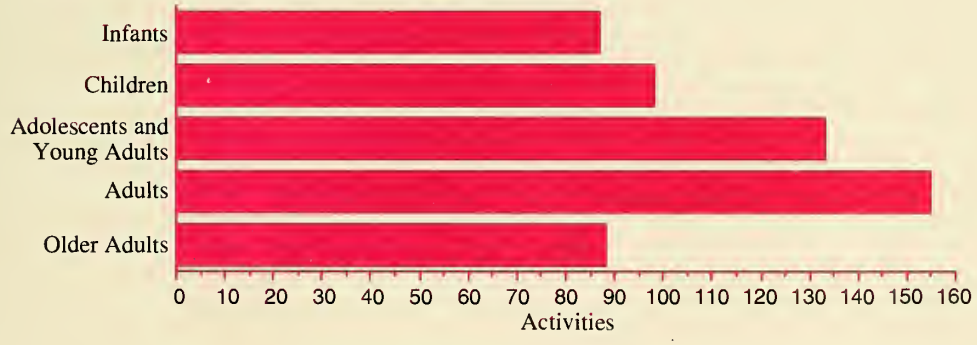
Three hundred and fifty-three activities are at least partially related to research, 87 to surveillance and data systems, and 73 to improving health personnel. Three hundred and eleven activities receive support in amounts up to $1,000,000, 313 fall in the $1,000,000 to $10,000,000 range, and 230 receive more than $10,000,000 in annual support. These figures do not add to the total because budget data for some related activities have been combined.

The Public Health Service is committed to reducing, and eventually eliminating, health disparities among special populations. Of the approximately 860 activities described in *Public Health Service Action*, 467 specifically target at least one age group, racial or ethnic minority group, and/or other special population (e.g., women, people with disabilities, minorities in general). Many activities target more than one group (e.g., blacks and Hispanics, rural children, or American Indian women). As a result, the figures given in the charts do not sum to 467. Chart A below illustrates the distribution of activities targeting a specific age group. A total of 359 activities target one or more age groups. Chart B below illustrates the distribution of activities for particular groups of people: rural populations, people with low incomes, women, people with disabilities, and minorities generally. A total of 176 activities target one or more of these special populations. Activities that target a specific minority group (e.g., Hispanics) have been included in tallies for Chart C which illustrates the distribution of activities that specifically target one (or more) of the four major racial and ethnic minorities in the United States. A total of 165 activities target one or more specific racial or ethnic groups.

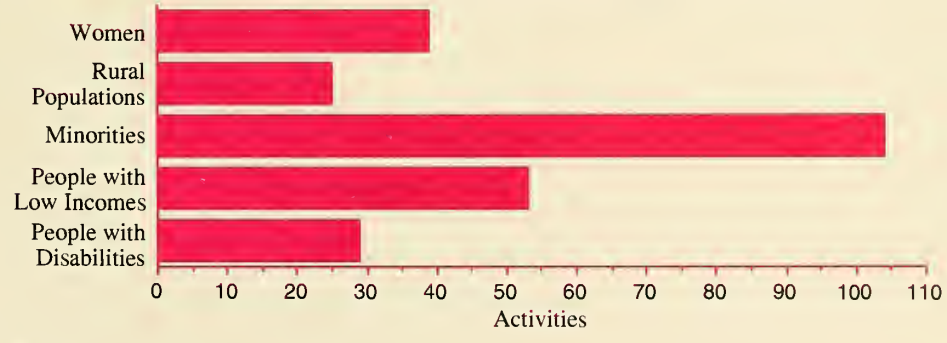
The reader should note that the activities for racial and ethnic groups include the activities of the Indian Health Service, all of which target improvements in the health and well-being of American Indians and Alaska Natives.

Fiscal Year 1991 PHS Healthy People 2000 Programs Targeting:

(A) Age Groups (359 activities target at least one group)

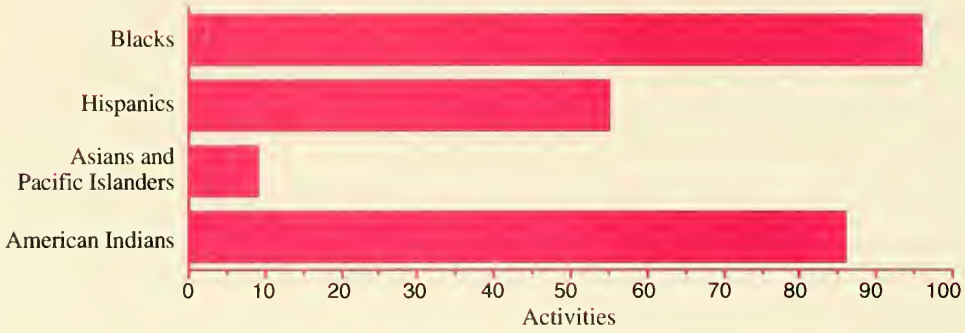


(B) Special Populations (176 activities target at least one group)



Fiscal Year 1991 PHS Healthy People 2000 Programs Targeting:

(C) Racial and Ethnic Groups (165 activities target at least one group)



For More Information . . .

Each of the 22 priority area tables are followed by the addresses and phone numbers of priority area contacts. While not exhaustive, these contacts can be used as a first step in connecting with Federal information, research, programs, grants, and technical assistance.

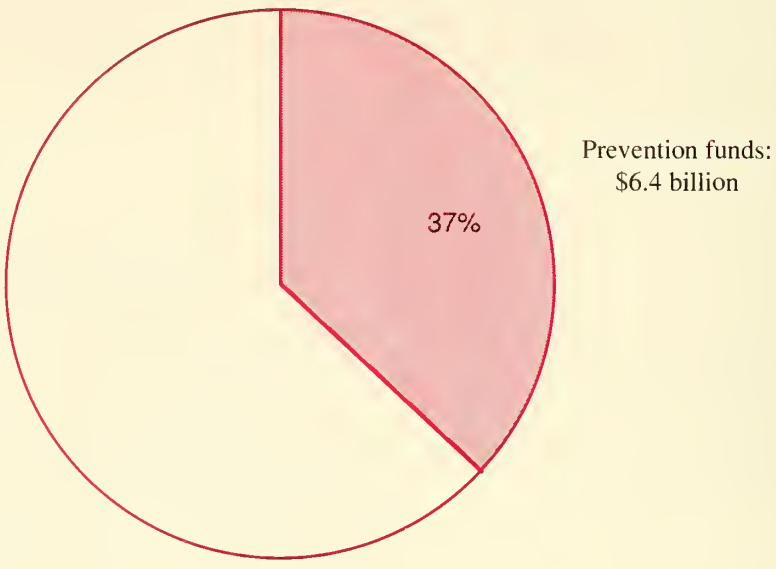
For ordering information on *Healthy People 2000* or other volumes of the *Healthy People 2000 Action Series*, contact ODPHP National Health Information Center: P.O. Box 1133, Washington, DC 20013-1133.

Part II

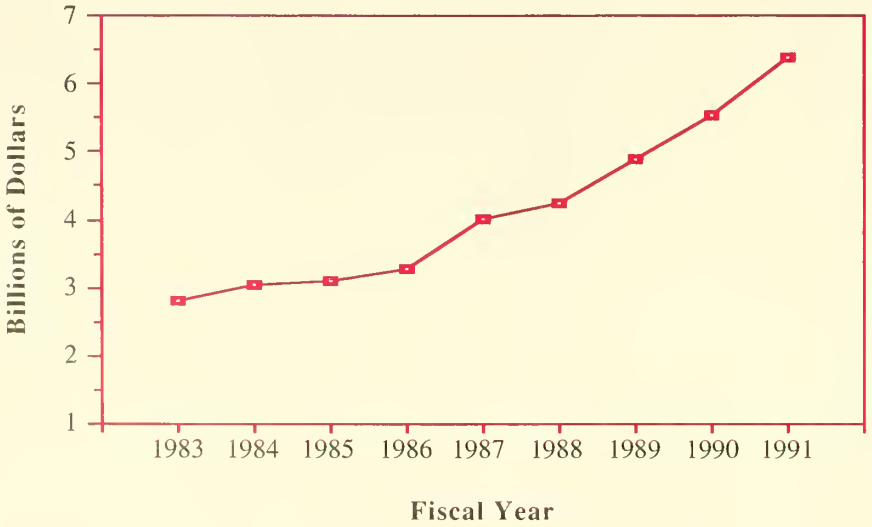
PHS Agency Profiles

Public Health Service Prevention Activities

Prevention Activities as a Proportion of Total 1991 PHS Funds



Public Health Service Resources for Prevention Activities



Part II
PHS Agency Profiles

The Public Health Service: National Leadership for Healthy People 2000

To meet the challenge of *Healthy People 2000*, Americans must work collectively and individually. Alone, no one person, family, business, organization, or government has the resources necessary to achieve the goals and objectives of *Healthy People 2000*. Yet the objectives cannot be attained unless many people contribute individually. With publication of *Healthy People 2000*, the task of the Public Health Service (PHS) has changed from convening expertise and facilitating the drafting of scientifically sound, attainable objectives, to leading and supporting national efforts to achieve the objectives.

Tools at the disposal of PHS for preventing disease and promoting health are varied and extensive. The illustrations on the facing page show PHS support for prevention in fiscal year (FY) 1991 and trends in prevention funding since 1983. Although prevention-related funding gives an *indication* of the level of funding provided for Healthy People 2000 by the Public Health Service (PHS), prevention-related funding is not identical to funding for Healthy People 2000. For example, initiatives related to drug-abuse treatment are relevant to Healthy People 2000 (objective 4.12 targets State assurance of access to alcohol and drug treatment), but because these funds support treatment rather than prevention, they would not be included in total funding figures for prevention. Due to the far-reaching and cross-cutting nature of PHS Healthy People 2000 activities, an estimate of total FY 1991 funding for Healthy People 2000 is not included. The prevention-related total is provided to give the reader an indication of total PHS resources devoted to the project.

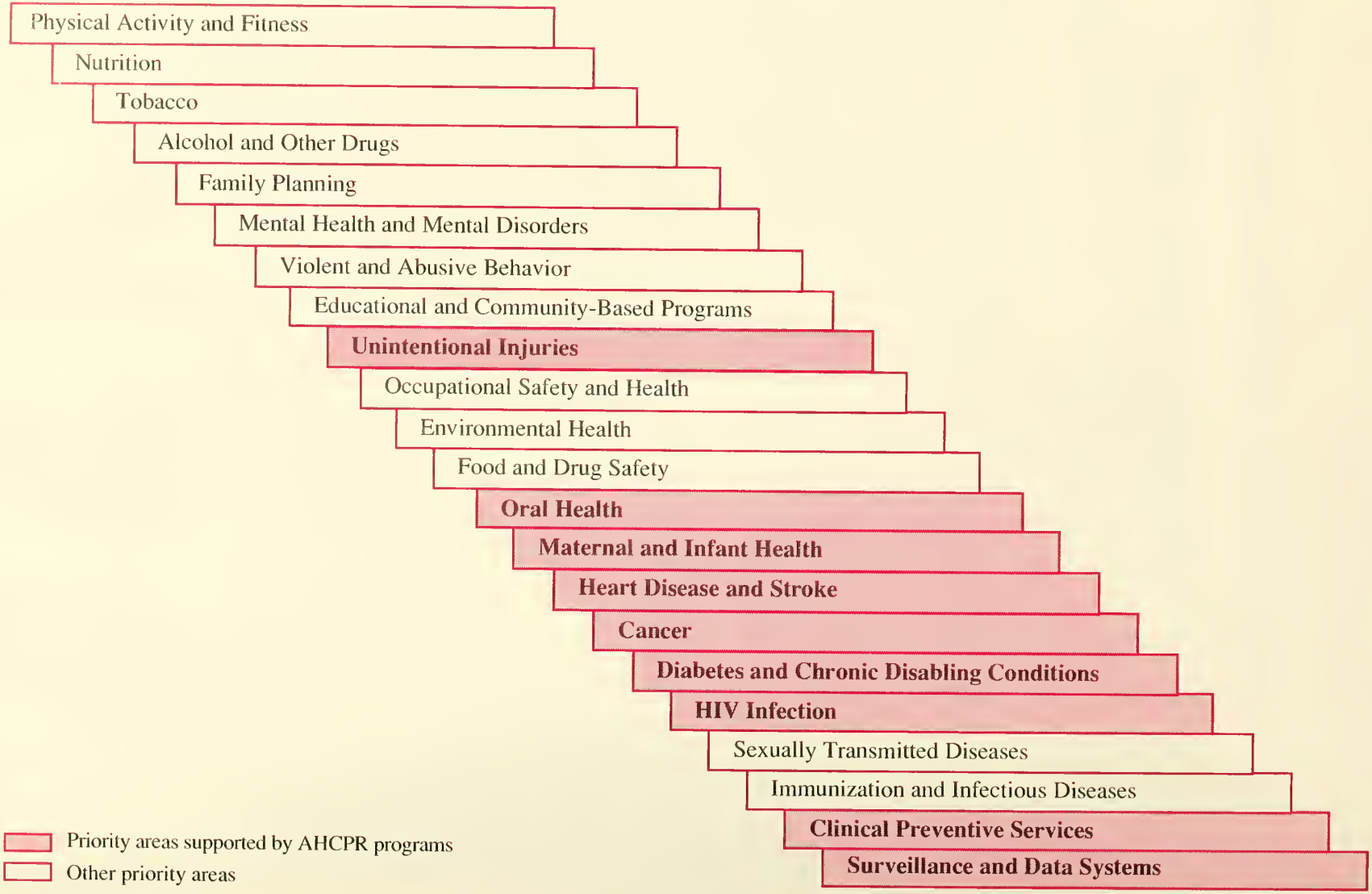
PHS supports basic biomedical research on disease prevention and sponsors demonstration projects to help identify effective health promotion programs. It funds many State and local government initiatives in health promotion and disease prevention and directly serves some of the populations most in need. On issues of particular prominence, it sponsors the development of national educational campaigns and the formation of coalitions for action. Through surveillance and surveys, agencies of the Public Health Service monitor the health of the Nation, collecting and disseminating national, regional, State, and, sometimes, local level data on all facets of the health of the population.

Due to the breadth and scope of the *Healthy People 2000* goals and objectives, the PHS role must be multifaceted. In addition to the traditional roles described above, PHS must also carry out activities that are explicitly related to achieving *Healthy People 2000*. As a leader of national efforts, it is the role of PHS to review progress toward the objectives in each priority annually and report on that progress to the States, health professionals, and the public; identify data sources for each objective and ensure that necessary data are being collected to measure national progress; identify barriers to the development and implementation of the successful programs needed to achieve the objectives; recommend action, including program changes and funding levels, not only internally, but also by non-PHS Federal agencies, State and local governments, and the private sector; and identify and disseminate information on programs, projects, and initiatives that have been successful in bringing about progress toward the objectives. This includes activities in the nonprofit and private sectors, as well as Federal, State, and local levels of government.

What follows is a first step in describing how the Public Health Service is fulfilling its leadership obligations. Subsequent editions of this report will be necessary in the coming years, as program priorities reflect appropriations in new fiscal years. Meanwhile, the report on 1991 activities documents a substantial beginning for a decade of prevention leading to a healthier America for the 21st century.

Agency for Health Care Policy and Research (AHCPR)

Healthy People 2000 priority areas



Overview of PHS Programs for Achieving the National Health Objectives

Agency for Health Care Policy and Research

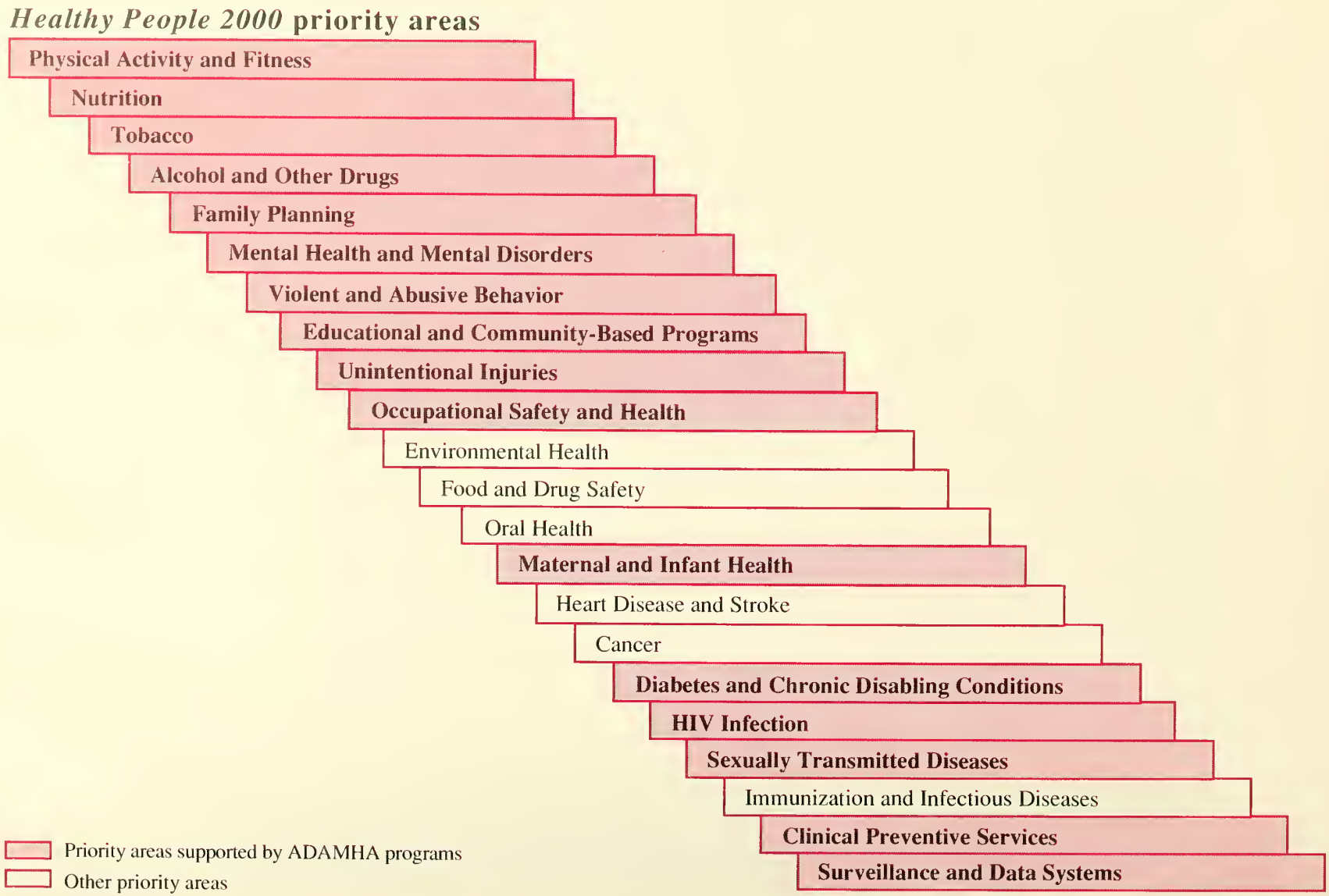
Created by Congress in December 1989, the Agency for Health Care Policy and Research (AHCPR) is the eighth and newest Agency in the Public Health Service. The Agency is the Federal Government's focal point for health services research, expanding on the work undertaken and supported by its predecessor, the National Center for Health Services Research and Health Care Technology Assessment. In FY 1991, AHCPR received $115 million in appropriations; 39 percent of AHCPR funding ($45 million) was devoted specifically to prevention. AHCPR Healthy People 2000 activities include all prevention activities plus additional relevant activities such as general health surveillance and selected treatment activities that support prevention.

AHCPR's purpose is to enhance the quality of patient care services through improved knowledge that can be used in meeting society's health-care needs. The Agency seeks to achieve its mission through several broad goals: promoting improvements in clinical practice and patient outcomes through more appropriate and effective health-care services; promoting improvements in the financing, organization, and delivery of health-care services; and increasing access to high quality care.

The Agency acquires, develops, and transfers new knowledge through a coordinated program of research, demonstrations, evaluations and information dissemination activities. AHCPR also sponsors individual and institutional National Research Service Awards, providing pre- and post-doctoral support for academics and for research concerning health services research methods and problems. Generally, Agency activities fall under the following categories:

- Developing a broad base of scientific research, methods, and data bases, accomplished through extramural research grants and contracts, and through intramural research.
- Demonstrating and evaluating new ways to organize, finance, and direct health-care services to improve the delivery, access to, and outcomes of such services.
- Assessing technologies being considered for reimbursement by federally funded programs.
- Facilitating the development of practice guidelines and standardized measurements of high quality care for use by medical, nursing, allied health, and other health-care practitioners.
- Promoting the use of health services research findings through a systematic and broad-based program of information dissemination.

Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA)



Alcohol, Drug Abuse, and Mental Health Administration

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) leads national efforts to improve the scientific understanding of the causes, course, and effects of addictive mental disorders, and exerts national leadership to increase the Nation's ability to prevent and treat these disorders. The agency conducts biomedical and behavioral research into mental illness and substance abuse. ADAMHA then translates these research results into cost-efficient prevention and treatment programs. This is accomplished through the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institute on Drug Abuse (NIDA), the National Institute of Mental Health (NIMH), the Office for Substance Abuse Prevention (OSAP), and the Office for Treatment Improvement (OTI). In FY 1991, ADAMHA received $2.9 billion in appropriations; 26 percent of ADAMHA funding ($754 million) was devoted specifically to prevention. ADAMHA Healthy People 2000 activities include all prevention activities plus additional relevant activities such as general health surveillance and selected treatment activities that support prevention.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) serves as the focus for the Federal Government's efforts to reduce the enormous health, social, and economic consequences of alcohol abuse and alcoholism. NIAAA's research program encompasses a wide range of research in the biomedical and behavioral sciences. In pursuit of its goals, NIAAA supports intramural research facilities, promotes a variety of extramural research efforts, and fosters the development of effective treatment and prevention through the dissemination of research findings to health-care providers. In addition, the Institute has expanded research on public policy issues such as taxation, consumption, warning labels, and drinking and driving laws to provide a scientific basis for the development and assessment of public policy.

The National Institute on Drug Abuse (NIDA) is the lead Federal agency for research into the incidence and prevalence of drug abuse, its causes and consequences, and improved methods of prevention and treatment of drug abuse. This research is intended to increase knowledge and help solve problems associated with drug abuse. NIDA supports research into effective prevention and treatment of drug abuse and on the role of drug abuse as a factor in the spread of AIDS.

The National Institute of Mental Health (NIMH) is the largest scientific institute in the world with a primary focus on mental disorders. It leads Federal efforts to promote mental health, prevent and treat brain disorders and mental illness, and rehabilitate those who suffer from these conditions. NIMH conducts and supports research on the biological, psychological, behavioral, clinical, and epidemiological aspects of mental health and on disorders of the brain and mind. NIMH funds the training of researchers, and provides professional assistance to States and community organizations responsible for mental health programs. Finally, the Institute informs researchers, health-care professionals, the media, and the public.

The Office for Substance Abuse Prevention (OSAP), leads Federal efforts to prevent alcohol and other drug abuse, with special emphasis on high-risk youth, their families, pregnant and postpartum women and their infants, and community partnerships. OSAP, through grants, conducts and supports demonstration projects targeting specific high-risk groups and individuals. In addition, OSAP helps communities develop comprehensive prevention programs, operates a national clearinghouse for publications and other materials, and provides training in the prevention of alcohol and other drug problems for health-care professionals and others.

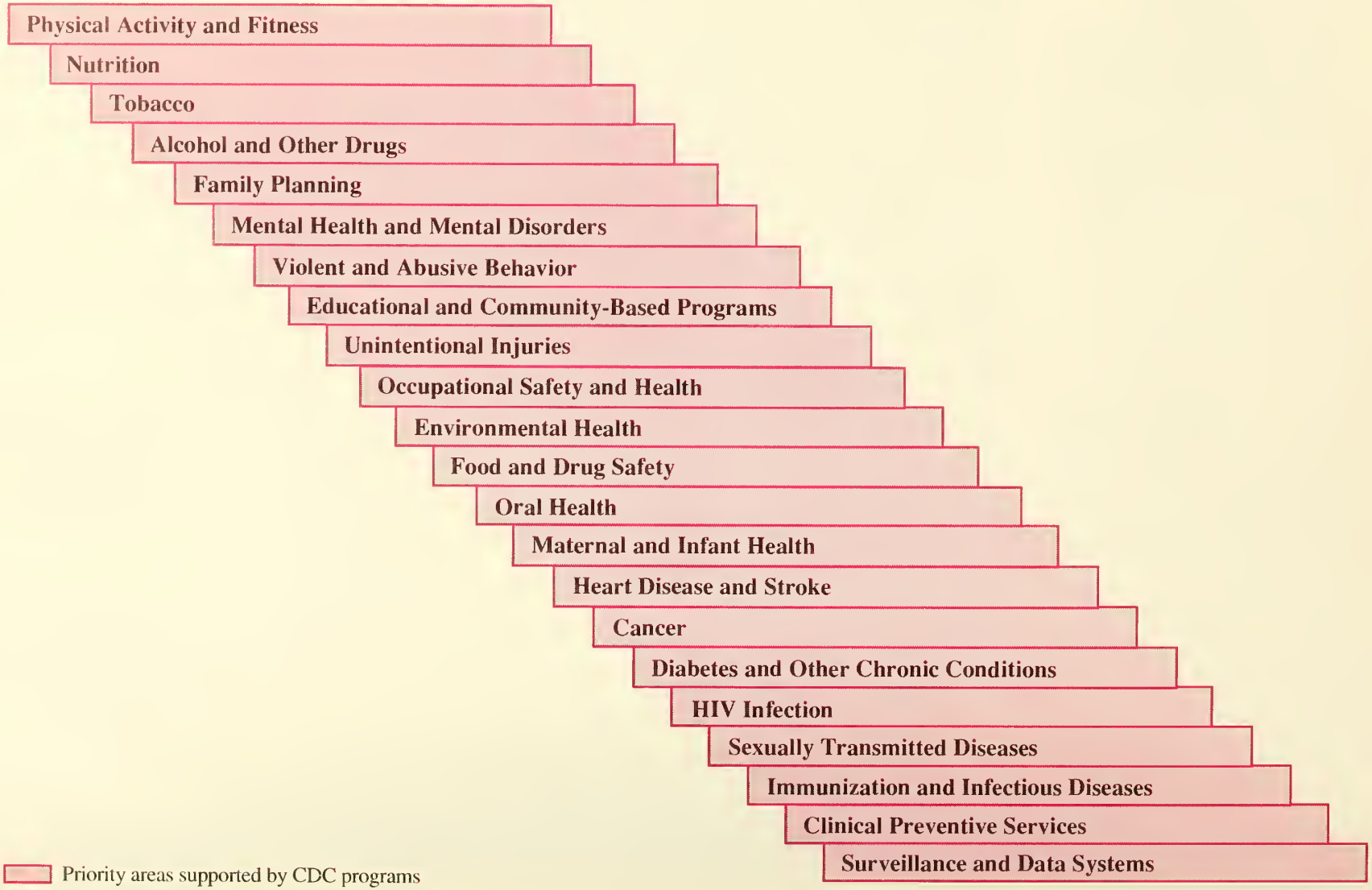
The Office for Treatment Improvement (OTI) leads efforts to improve treatment for alcohol and drug abuse, and mental disorders. OTI administers the alcohol, drug abuse, and mental health services block grant which supports State treatment, prevention, and rehabilitation programs.

The Alcohol, Drug Abuse, and Mental Health Administration is the Lead PHS Agency for the following priority areas of *Healthy People 2000*:

- Alcohol and Other Drugs; and
- Mental Health and Mental Disorders.

Centers for Disease Control (CDC)
Agency for Toxic Substances and Disease Registry (ATSDR)

Healthy People 2000 priority areas



Priority areas supported by CDC programs

Centers for Disease Control

The Centers for Disease Control (CDC) has been active in the fight against disease for almost half a century. Established as the Communicable Disease Center in 1946 in Atlanta, Georgia, CDC has led efforts to prevent such diseases as malaria, polio, smallpox, toxic shock syndrome, Legionnaires' disease, and more recently, acquired immunodeficiency syndrome (AIDS). In FY 1991, CDC received $1.3 billion in appropriations; 85 percent of CDC funding ($1.1 billion) was devoted specifically to prevention. CDC Healthy People 2000 activities include all prevention activities plus additional relevant activities such as general health surveillance and selected treatment activities that support prevention. These figures include funding for the Agency for Toxic Substances and Disease Registry (ATSDR).

The mission of CDC is to improve the quality of life for all Americans by preventing disease, disability, and premature death, and by promoting healthy lifestyles. CDC accomplishes its mission through national and international leadership; applied epidemiologic, laboratory, and behavioral research; building the public health system through technical and financial assistance and training; setting standards and guidelines; and surveillance and data analysis.

CDC includes five Centers, one Institute, and three Program Offices:

- National Center for Chronic Disease Prevention and Health Promotion;
- National Center for Environmental Health and Injury Control;
- National Center for Health Statistics;
- National Center for Infectious Diseases;
- National Center for Prevention Services;
- National Institute for Occupational Safety and Health;
- Epidemiology Program Office;
- International Health Program Office; and
- Public Health Practice Program Office.

CDC is the Lead PHS Agency for the following priority areas of *Healthy People 2000*:

- Tobacco;
- Violent and Abusive Behavior;
- Unintentional Injuries;
- Occupational Safety and Health;
- Sexually Transmitted Diseases;
- Immunization and Infectious Diseases; and
- Surveillance and Data Systems.

In addition, CDC is the co-Lead PHS Agency for the following priority areas:

- Educational and Community-Based Programs (with the Health Resources and Services Administration);
- Environmental Health (with the National Institutes of Health);
- Oral Health (with the National Institutes of Health);
- Diabetes and Chronic Disabling Conditions (with the National Institutes of Health); and

- Clinical Preventive Services (with the Health Resources and Services Administration).

CDC also serves as Science Advisor to the Physical Activity and Fitness priority area.

Agency for Toxic Substances and Disease Registry

The Agency for Toxic Substances and Disease Registry (ATSDR) works to prevent or mitigate the adverse human health effects and diminished quality of life that can result from exposure to hazardous substances in the environment. ATSDR funds are included in figures for CDC.

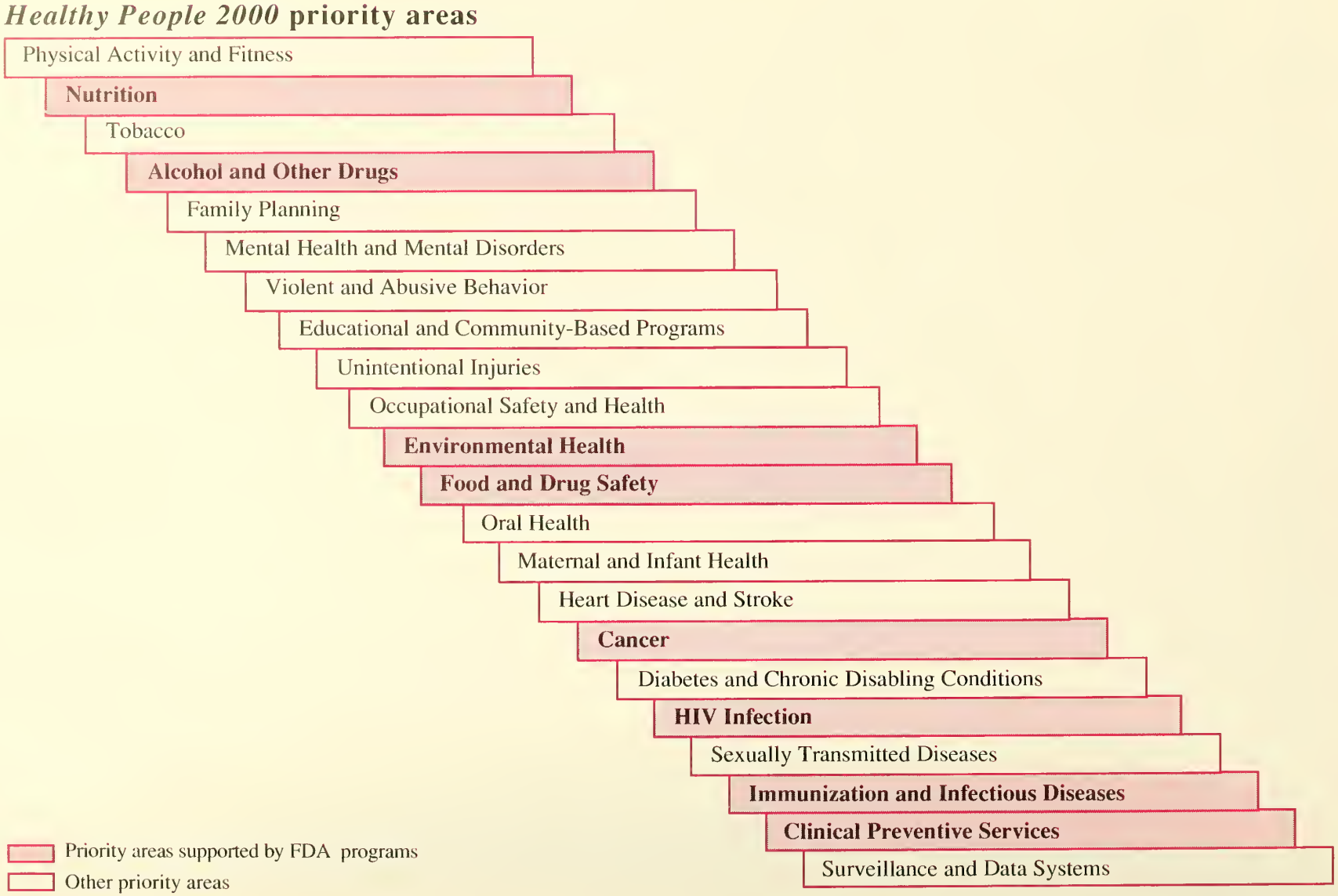
ATSDR evaluates data and information on the release of hazardous substances into the environment. The agency assesses any current or future effects on public health, develops health advisories or other health recommendations, and identifies studies or actions needed to evaluate and mitigate or prevent adverse human health effects. Through epidemiology, surveillance, and other studies of toxic substances and their effects, ATSDR increases understanding of the relationship between exposure to hazardous substances and adverse effects on human health.

Through a registry of people exposed to hazardous substances, serious diseases, and illnesses, ATSDR monitors exposure to hazardous substances by people in the environment. The agency also provides health-related support to States, local agencies, and health-care providers in public health emergencies that involve exposure to hazardous substances, including health consultations and training.

The agency develops and disseminates to physicians and other health-care providers materials on the health effects of toxic substances and maintains a list of sites closed or restricted to the public because of hazardous substance contamination.

Summaries of health effects and hazardous substances are made available to the public. ATSDR identifies significant gaps in knowledge and initiates research in toxicology and health effects where needed. It also conducts or sponsors applied research on the human health effects of hazardous substances released into the environment from waste sites or other sources.

Food and Drug Administration (FDA)



Food and Drug Administration

The Food and Drug Administration (FDA) touches the lives of virtually every American every day. It is the FDA's responsibility to see that the food Americans eat is safe, and that cosmetics are not harmful. In addition, the FDA examines the safety and effectiveness of medicines and medical devices, and ensures that all of these products are labeled truthfully with the information that consumers need to use them properly. In FY 1991, FDA received $695 million in appropriations; 96 percent of FDA funding ($669 million) was devoted specifically to prevention. FDA Healthy People 2000 activities include all prevention activities plus additional relevant activities such as general health surveillance and selected treatment activities that support prevention.

FDA is one of the Nation's oldest consumer protection agencies. Its approximately 7,000 employees monitor the manufacture, import, transport, storage, and sale of $570 billion worth of products each year, or about one-fourth of our national consumer dollar.

First and foremost, FDA is a regulatory agency, charged with enforcing the Federal Food, Drug, and Cosmetic Act and several related public health laws. To carry out this mandate of consumer protection, FDA has investigators and inspectors who cover the country's more than 90,000 FDA-regulated businesses. These investigators and inspectors visit more than 20,000 facilities a year, seeing that products are made correctly and labeled truthfully. A company found violating any of the laws that FDA enforces may be asked by the FDA to correct the problem voluntarily, to recall a faulty product from the market, or face legal sanctions.

FDA operates the National Center for Toxicological Research, which investigates the biological effects of widely used chemicals. The agency also runs the Engineering and Analytical Center, which tests medical devices, radiation-emitting products, and radioactive drugs.

The safety of the Nation's blood supply is another FDA responsibility. The agency's investigations routinely examine blood bank operations, from record-keeping to testing for contaminants. FDA also ensures the purity and effectiveness of biologicals (medical preparations made from living organisms and their products), such as insulin and vaccines.

Assessing risks for drugs and medical devices is at the core the FDA's public health protection duties. For example, the agency requires that drugs--both prescription and over-the-counter--be proven safe and effective. By ensuring that products and producers meet certain standards, FDA protects consumers and enables them to know what they are purchasing.

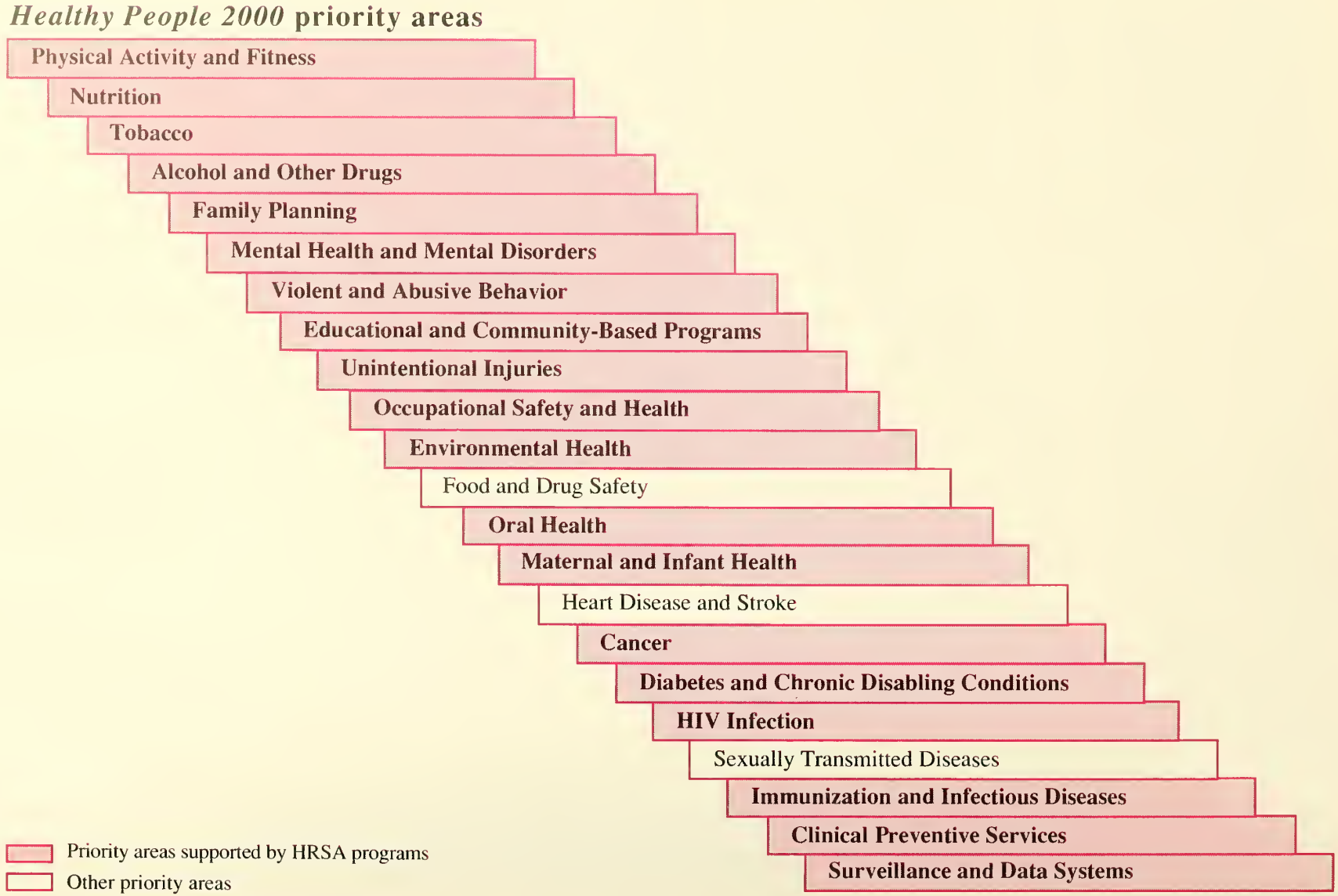
FDA is the Lead PHS Agency for the following priority area of *Healthy People 2000*:

- Food and Drug Safety.

In addition, FDA is the co-Lead PHS Agency for:

- Nutrition.

Health Resources and Services Administration (HRSA)



Health Resources and Services Administration

The Health Resources and Services Administration (HRSA) focuses on improving the delivery of health services to the disadvantaged and underserved, and on developing resources such as qualified health professionals and facilities to meet the health needs of the Nation. A primary objective is to support States and communities in their efforts to plan, organize, and deliver primary health care, as well as to strengthen the public health system. Support includes an emphasis on health promotion and disease prevention. As gaps in health care fall unevenly among the population, the poor, minorities, and other at-risk groups are most affected. Consequently, HRSA directs its primary attention to those who are financially, functionally, geographically, or culturally vulnerable, and those who demonstrate extraordinary clinical need, such as people infected with HIV/AIDS or people in need of organ transplants. In FY 1991, HRSA received $2.1 billion in appropriations; 52 percent of HRSA funding ($1.1 billion) was devoted specifically to prevention. HRSA Healthy People 2000 activities include all prevention activities plus additional relevant activities such as general health surveillance and selected treatment activities that support prevention.

HRSA's four major operating components are: The Bureau of Health Care Delivery and Assistance (BHCDA), the Bureau of Health Professions (BHPr), the Bureau of Health Resources Development (BHRD), and the Maternal and Child Health Bureau (MCHB).

BHCDA helps ensure that health-care services are provided to medically underserved populations and to people with special health-care needs. The Bureau provides a national focus for the development of primary health-care delivery and for placement of health-care professionals in Health Professional Shortage Areas to promote adequate health services. Support for primary health care is provided primarily through Community Health Centers, Migrant Health Centers, Services for Special Populations, Services for Residents of Public Housing, and the National Health Service Corps. These programs together serve approximately 6 million people.

BHPr monitors and guides the development of health resources by providing leadership to improve education, training, distribution, use, supply, and quality of the Nation's health personnel. It supports the education of physicians, dentists, nurses, and other types of health personnel. High priority is given to increasing the supply of primary care practitioners, improving access to health careers for minorities and the disadvantaged, and improving the distribution of health professionals geographically and by specialty.

BHRD manages three major programs: health facilities, organ transplantation, and HIV services. Significant support is provided to the States and major metropolitan areas to improve the quality, availability, and organization of health care and support services for individuals and families with HIV infection.

MCHB is the principal Federal focus for planning, implementation, and oversight of national maternal and child health activities. This Bureau administers a program of block grants to States to enable them to provide quality health-care services to target populations, with emphasis on services for low-income people. In addition, the Bureau administers a program of discretionary grants and contracts in maternal and child health for: research; training; genetic disease screening, testing, counseling, referral, and information dissemination; hemophilia diagnosis and treatment; and projects aimed at improving health services for mothers, infants, children, and children with special health-care needs.

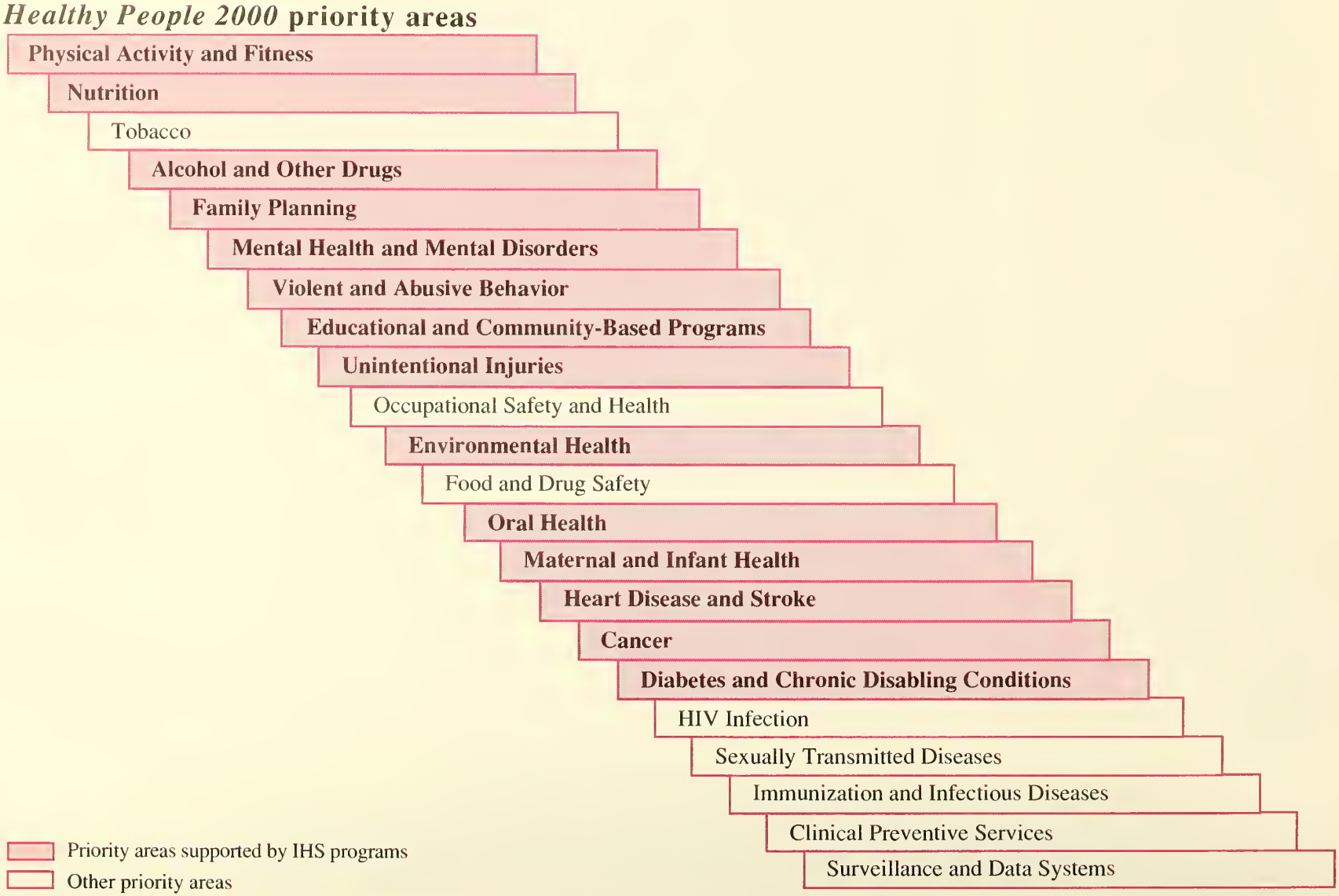
HRSA is the Lead PHS Agency for the following priority area in *Healthy People 2000*:

- Maternal and Infant Health.

In addition, HRSA is the co-Lead PHS Agency for:

- Educational and Community-Based Programs (with the Centers for Disease Control); and
- Clinical Preventive Services (with the Centers for Disease Control).

Indian Health Service (IHS)



Indian Health Service

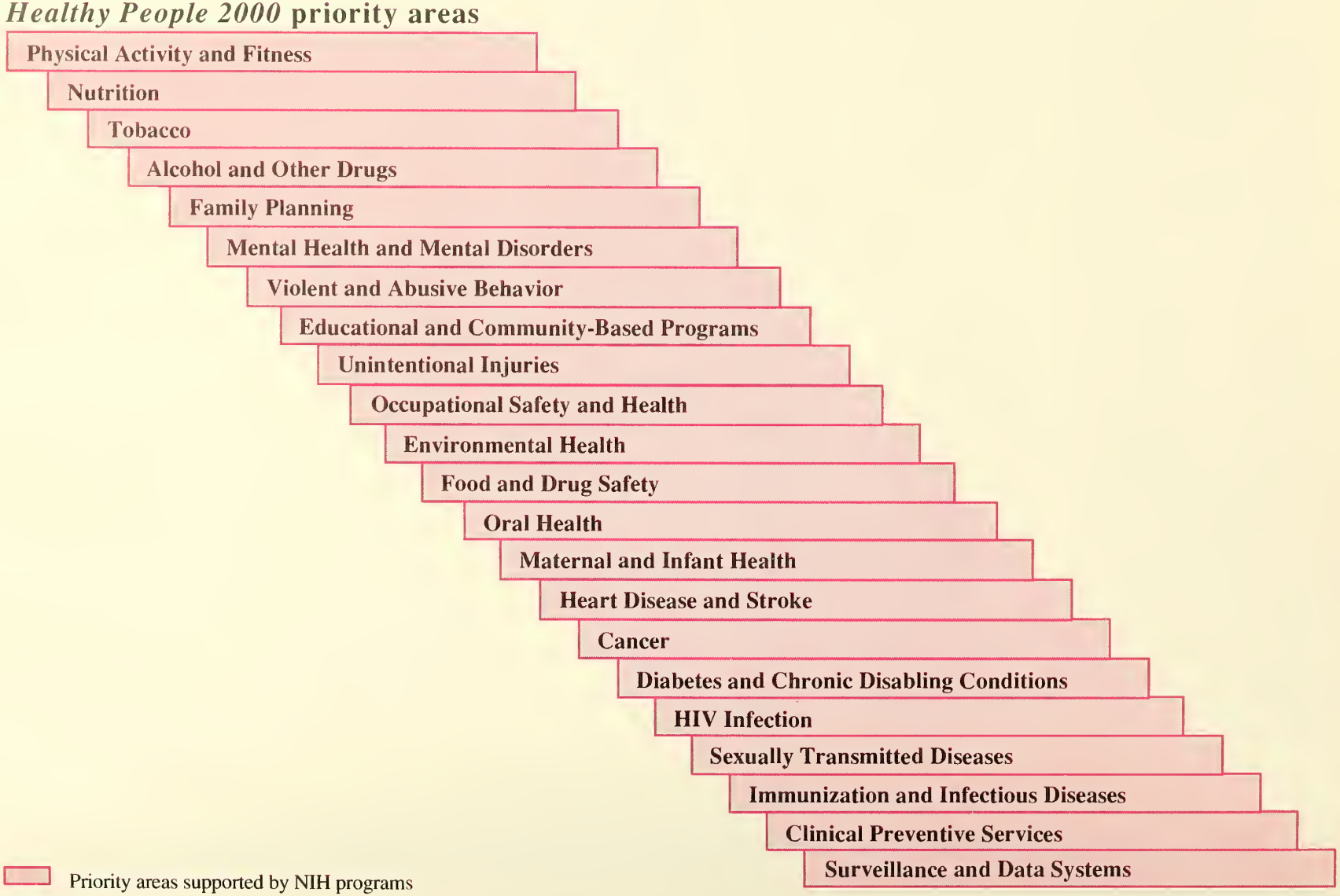
The Indian Health Service (IHS) provides high quality, comprehensive health care for more than one million American Indians and Alaska Natives. The goal of the IHS is to raise the health status of American Indian and Alaska Native people to the highest possible level. In pursuit of this goal, the IHS provides opportunities for American Indian tribes and Alaska Native corporations to manage their own health programs and serves as a health advocate for American Indians and Alaska Natives. Members of more than 500 Indian tribes and Alaska Native corporations are eligible for health services provided by IHS. In FY 1991, IHS received $1.7 billion in appropriations; 42 percent of IHS funding ($706 million) was devoted specifically to prevention. IHS Healthy People 2000 activities include all prevention activities plus additional relevant activities such as general health surveillance and selected treatment activities that support prevention.

The IHS is a large scale health-care delivery system whose closest counterparts in size and scope are the military health services system and the Veterans Administration. Tribes are located throughout the United States from the most rural reservations to urban settings. The mission of the IHS is to ensure the equity, availability, and accessibility of a comprehensive high quality health-care delivery system providing maximum involvement of American Indian and Alaska Native people in defining their health needs, setting priorities for their local areas, and managing and controlling their health programs.

The tribally administrated program is made up of seven hospitals, 56 service units, 86 health centers, 63 health stations, three school health centers, and 173 Alaska Village clinics. IHS health programs are planned and carried out in cooperation with national, regional, and local Indian organizations, and with Federal agencies, educational institutions, professional societies, voluntary health associations, and others.

Due to its community orientation, the IHS has made several notable accomplishments since 1955 including a marked reduction in infant mortality and the tuberculosis death rate. In addition, the IHS has developed special emphasis programs in diabetes, fetal alcohol syndrome, injury control and prevention, and women's health to target specific causes of excess morbidity

National Institutes of Health (NIH)



National Institutes of Health

Begun as a one-room Laboratory of Hygiene in 1887, the National Institutes of Health (NIH) is today the principal biomedical research agency of the Federal Government and one of the world's foremost medical research centers. NIH administers a comprehensive research program to improve the health of the American people through acquisition of new knowledge of disease. In FY 1991, NIH received $8.3 billion in appropriations; 23 percent of NIH funding ($1.9 billion) was devoted specifically to prevention. NIH Healthy People 2000 activities include all prevention activities plus additional relevant activities such as general health surveillance and selected treatment activities that support prevention.

NIH is a federation of research entities that includes 13 Institutes of Health, each with its own medical focus; a 540-bed research hospital, the Warren G. Magnuson Clinical Center and its adjoining clinic; the National Library of Medicine, the world's largest repository of biomedical communications; and the Fogarty International Center, the focal point for coordination of NIH international relationships and the support of worldwide programs. The NIH research components include, but are not limited to the:

- National Institute on Aging;
- National Institute of Allergy and Infectious Diseases;
- National Institute of Arthritis and Musculoskeletal and Skin Diseases;
- National Cancer Institute;
- National Heart, Lung, and Blood Institute;
- National Institute of Child Health and Human Development;
- National Institute of Deafness and Other Communication Disorders;
- National Institute of Dental Research;
- National Institute of Diabetes and Digestive and Kidney Diseases;
- National Institute of Environmental Health Sciences;
- National Eye Institute;
- National Institute of General Medical Sciences;
- National Institute of Neurological Disorders and Stroke;
- National Library of Medicine;
- National Center for Human Genome Research;
- National Center for Nursing Research; and
- National Center for Research Resources.
- Fogarty International Center
- Warren Grant Magnuson Clinical Center

The objective of NIH prevention research is to protect people from disease and prevent the progression of disease to disability or early death. Each of the NIH's 13 Institutes and other research components contribute to obtaining this goal. NIH funds nearly 40 percent of all biomedical research and development in the United States. This research investment has paid off in many outstanding achievements: new knowledge about the body, from the level of organ systems to that of subcellular components; development of important research and clinical technologies; new diagnostic techniques; new drugs to fight costly and distressing illnesses; new vaccines to prevent disease; and a host of other benefits.

NIH is the Lead PHS Agency for the following priority areas of *Healthy People 2000*:

- Heart Disease and Stroke; and
- Cancer.

In addition, NIH is the co-Lead PHS Agency for the following priority areas:

- Nutrition (with the Food and Drug Administration);

- Environmental Health (with the Agency for Toxic Substances and Disease Registry and the Centers for Disease Control);
- Oral Health (with the Centers for Disease Control); and
- Diabetes and Chronic Disabling Conditions (with the Centers for Disease Control).

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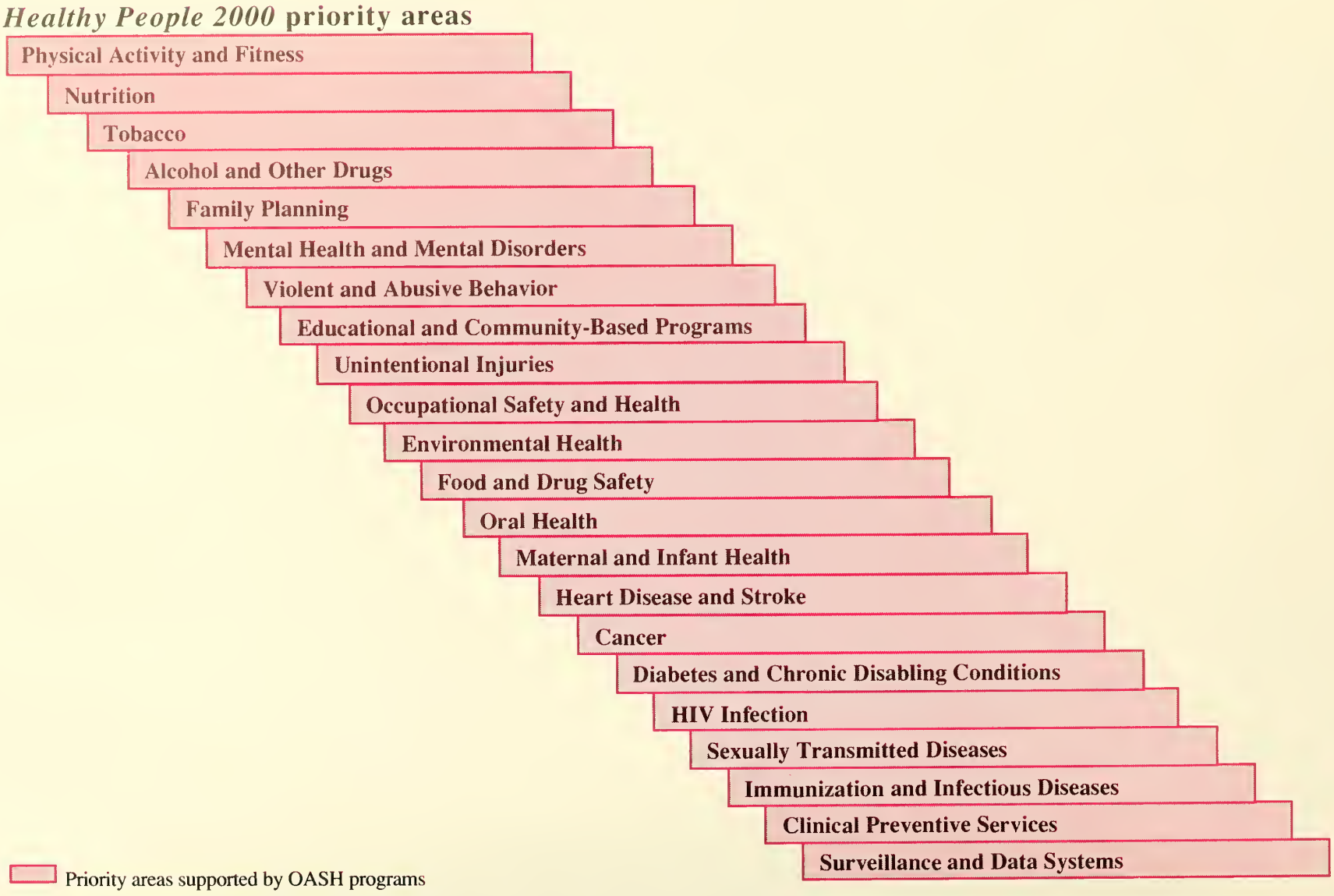
Office of the Assistant Secretary for Health (OASH)



Office of the Assistant Secretary for Health

The Office of the Assistant Secretary for Health (OASH), under the direction of the Assistant Secretary for Health, provides executive leadership to the Public Health Service (PHS) and is responsible for all programs administered by PHS. The Office conducts international health affairs; formulates health policy; maintains relationships with other Federal, State, and local governmental and private agencies concerned with health; is the principal advisor and assistant to the Secretary on all policies and programs of PHS; and leads, coordinates, and directs a nationwide program of disease prevention and health promotion. In FY 1991, OASH received $64 million in appropriations; 72 percent of OASH funding ($46 million) was devoted specifically to prevention. OASH Healthy People 2000 activities include all prevention activities plus additional relevant activities such as general health surveillance and selected treatment activities that support prevention.

OASH consists of 19 offices. Ones with specific leadership roles related to *Healthy People 2000* are:

- The President's Council on Physical Fitness and Sports (PCPFS). PCPFS develops and coordinates a comprehensive national program for physical fitness and sports and enlists the support of State and local governments and public, private, and voluntary organizations in promoting physical fitness and sports programs. PCPFS is the Lead PHS Agency for the Physical Activity and Fitness priority area of *Healthy People 2000*.
- The Office of Population Affairs (OPA). OPA is responsible for funding, planning, oversight, monitoring, and evaluation of family planning programs, population research, and adolescent family life programs. OPA provides policy direction and necessary coordination for informational and educational programs on population, adolescent pregnancy, and family planning. OPA is the Lead PHS Agency for the Family Planning priority area of *Healthy People 2000*.
- The National AIDS Program Office (NAPO). NAPO advises the Assistant Secretary for Health on the development of policy, the establishment of priorities, and the implementation of PHS HIV/AIDS programs. NAPO staff help the Assistant Secretary in deciding and acting on emerging HIV infection and AIDS policy issues, review PHS AIDS budget requirements, and recommend appropriate levels of funding for PHS AIDS programs. NAPO is the Lead PHS Agency for the HIV Infection priority area of *Healthy People 2000*.
- The Office of Minority Health (OMH). OMH is an advocate for and coordinator of health activities addressing minority health. OMH organizes and plans specific activities to meet minority health needs, and monitors the Department of Health and Human Services' (DHHS) and PHS budgets to ensure adequate resources are devoted to minority health. OMH is responsible for assuring that special population targets for minorities included in *Healthy People 2000* are tracked and vigorously pursued by PHS Lead Agencies.
- The Office of Disease Prevention and Health Promotion (ODPHP). ODPHP coordinates DHHS policy and program development in disease prevention and health promotion. A significant part of ODPHP's work is the *Healthy People 2000* initiative, including development, monitoring, and assuring that programs to achieve the objectives are put in place. ODPHP gives special emphasis to the development of prevention activities by a range of groups outside the Federal Government--groups whose active participation is essential to the success of national efforts to enhance the health of Americans. Through communication, coordination, and coalition-building, ODPHP leads efforts to expand collaboration

among Federal, State, and local government agencies, professional and voluntary organizations, health-care providers, academia, and community groups.

Other units of OASH are: the Office of the Surgeon General, the Office of Women's Health, the Office of International and Refugee Health, the National Vaccine Program Office, the Senior Advisor for Environmental Affairs, the Office of Emergency Preparedness, the Office of Scientific Integrity Review, the Office of Intergovernmental Affairs, the Office of Health Planning and Evaluation, the Office of Communications, the Office of Health Legislation, the Office of Equal Employment Opportunity, and the Office of Management.

OASH staff offices are Lead PHS Agencies for the following priority areas of *Healthy People 2000*:

- Physical Activity and Fitness (President's Council on Physical Fitness and Sports);
- Family Planning (Office of Population Affairs); and
- HIV Infection (National AIDS Program Office).

Part III

PHS Agency Activities Supporting Healthy People 2000

1. Physical Activity and Fitness

Introduction

Evidence of the multiple health benefits of regular physical activity continues to mount. Regular physical activity can help to prevent and manage coronary heart disease, hypertension, osteoporosis, obesity, and mental health problems. Regular physical activity can also help to maintain the functional independence of older adults and enhance the quality of life for people of all ages.

Action Summary

The President's Council on Physical Fitness and Sports (PCPFS) is the Lead PHS Agency for efforts to achieve the *Healthy People 2000* objectives for Physical Activity and Fitness. These objectives are intended to help reduce the incidence of chronic conditions through targeted behavioral changes that reduce physical inactivity and increase active lifestyles. These objectives call for a vigorous collaborative effort that involves all facets of the community, including local government, schools, worksites, and primary care providers.

Federal action includes encouragement of programs to increase community involvement, such as Local Councils on Physical Fitness and Sports and Governor's Councils on Physical Fitness and Sports by PCPFS, and the Planned Approach to Community Health (PATCH), coordinated by the Centers for Disease Control (CDC).

Public and private coalitions, such as the Coalition for Fitness through Recreation and the Interagency Group on Physical Activity and Fitness, are particularly important for effective cooperation between organizations that share common goals and missions. Those groups must work together not only on a national level, but also in ways that translate their efforts into adoption by lower levels of government and communities.

The Centers for Disease Control (CDC), the Health Resources and Services Administration (HRSA), the National Institutes of Health's National Heart, Lung, and Blood Institute (NHLBI), National Institute for Arthritis and Musculoskeletal and Skin Diseases (NIAMSD), the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), and the National Institute on Aging (NIA) support and encourage factors that determine a physically active lifestyle; projects that plan, implement, and evaluate physical activity projects in the community; and research essential to elucidating the link between physical activity and mortality, morbidity, longevity, and increased quality of life.

In summer of 1991, NHLBI sponsored a workshop entitled "Physical Activity and Cardiovascular Health: Special Emphasis on Women and Youth." The workshop reviewed the relationship between physical activity and cardiovascular health with an emphasis on women and youth, identified issues and gaps in knowledge, and made recommendations to NHLBI for future research priorities and programs. This workshop highlighted physical activity research needs for the 90s and will provide a blueprint for action to both the National Institutes of Health and private institutions.

Through seminars at national conventions, the PCPFS and CDC encourage researchers in schools of medicine, biomedical science, and exercise science to compete for available grant monies. Both PCPFS and CDC encourage and support biomedical research in such areas as behavioral change methods, field testing of important new technologies, and the effect of weight-bearing exercises on osteoporosis.

PCPFS and CDC will undertake a variety of activities to promote the adoption or adaptation of the objectives by State and local governments and in the private sector. For example, the National Youth Fitness Summit, held in 1991, compiled information on activities to increase daily, high quality physical education in schools at the State and local levels. In related efforts, professional

organizations have been encouraged to develop separate implementation plans to enhance the utility and applicability of the *Healthy People 2000* objectives.

Information tracking systems compile data from many sources such as CDC, the National Recreation and Park Association, the American College on Sports Medicine, and the Center for Corporate Health Promotion, and are used to help guide promotional activities and to monitor progress in implementing the national strategy.

This broad action plan focuses on a dynamic and evolving strategy, aimed at reaching the Physical Activity and Fitness objectives of *Healthy People 2000*. Revisions and modifications of this action plan will be considered in light of documented experiences, development of new knowledge, and identification of new problems and impediments to achievement. The decade will be one of increased cooperation with the other Healthy People 2000 priority areas, the Consortium, and physical activity and fitness private and voluntary organizations. Special populations will receive special attention through identification of research funds and increased program emphases to improve physical fitness status and reduce health risks.

Partnerships for Healthy People 2000

State and local health agencies, educational institutions, and private and voluntary organizations are developing activities that supplement and complement those based on their organizational mandate and available resources. Through various media, they have kept their membership informed and motivated with a call to action at the local level. Annual conventions have focused on the theme of *Healthy People 2000* or devoted sessions to the topic. Organizations have publicized the objectives not only through their own professional journals and newsletters but also through interviews with the media. Some organizations, such as the American College of Sports Medicine and the American Alliance for Health, Physical Education, Recreation and Dance, have developed an organizational structure with State contacts to bring these efforts to the grassroots level. (See *Healthy People 2000: Consortium Action*). PHS serves as a catalyst and resource for these organizations and coordinates dissemination.

Throughout this decade, PHS will involve concerned citizens in their various roles as educators, political leaders, health professionals, and fitness and sports professionals and encourage them to take action in their communities and States to improve the physical activity and fitness status of their citizens. PCPFS and CDC, along with other Federal agencies, stand ready to offer technical assistance and support for local, State, and national efforts to achieve the Physical Activity and Fitness objectives of *Healthy People 2000*.

Priority Issues for Future Action

To achieve the Physical Activity and Fitness objectives, PHS and its partners in support of this priority area will give particular attention to the following issues for future action:

- Greater public awareness of the links between regular physical activity and good health through incorporation of health education components into physical activity programs and physical activity components into health-related programs.
- Recognition by educators and the general public of the importance of physical education as crucial for positive health and education outcomes for children in schools, and adoption of daily physical education programs in all schools.
- Physical activity programs for low-income and other disadvantaged people, as well as people at highest risk for chronic diseases.

For More Information . . .

Special Assistant to the Executive Director
Healthy People 2000 Physical Activity and Fitness Coordinator
President's Council on Physical Fitness and Sports
Market Square East Building
701 Pennsylvania Avenue, NW., Suite 250
Washington, DC 20001
(202) 272-3424

Healthy People 2000 Physical Activity and Fitness Science Advisor
Division of Chronic Disease Control and Community Intervention
National Center for Chronic Disease Prevention and Health Promotion
1600 Clifton Road, NE., Mailstop K-47
Atlanta, GA 30333
(404) 488-5513

Director of Information
President's Council on Physical Fitness and Sports
701 Pennsylvania Avenue, NW., Suite 250
Washington, DC 20004
(202) 272-3430
(404) 639-3286

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Mental Health, Physical Activity, and Fitness in Older People: research on the interaction of physical activity and emotional well being in older people with emphases on psychophysiological measures.	1 6		1R 6R	ADAMHA/NIMH	91	See PA 6.		O
Preventive Health and Health Services Block Grant (Health Education and Risk Reduction Program): indirect services (media campaigns, education, consulting) in nutrition, smoking cessation, alcohol misuse prevention, and exercise to prevent premature morbidity and mortality.	1 2 3 4 8	1.3-1.5 1.7 2.3 3.4 4.8 8.10 15.1 15.2		CDC/NCCDPHP	91	See PA 8.	M	Y A
Academic Centers for Prevention Research: research funding for health promotion and/or disease prevention projects, that have collaborative ties with other groups and a commitment to evaluation of efficacy and effectiveness; two centers include physical activity studies.	1 2 3 15 16		1R 2R 3R 15R 16R	CDC/NCCDPHP	91	See PA 15.	M	Y A O
Physician Assessment and Counseling for Exercise: development, implementation, and training for assessment and counseling protocols for adult patients.	1	1.12		CDC/NCCDPHP	91	$100-$500	M	Y A O
Heart Beat—The Rhythm of Health: videotape describing relationship of physical activity to health (mainly cardiovascular disease), discusses interventions and policies.	1 15	1.3-1.7 15.1 15.2		CDC/NCCDPHP	91	<$100		C Y A O
Physical Activity Contact Network: State contacts receive technical assistance and current information about promotional resources, interventions, and other groups and individuals who want to collaborate on physical activity projects in their State.	1	1.3-1.12		CDC/NCCDPHP	91	<$100		
Prevention of Overweight: research into factors influencing successful weight management, the long-term consequences of voluntary weight loss, and identification of prevention strategies for overweight, including physical activity.	1 2 15 17	1.2 1.7 2.3 2.7 15.10 17.12	1R 2R 15R 17R	CDC/NCCDPHP	91	See PA 2.		Y A
Community Models Project for Diabetes Prevention and Control: project to reduce the incidence and complications of diabetes via increased physical activity, reductions in weight, and dietary fat reduction using community and medical intervention.	1 2 17	1.3 2.5 2.7 17.9-17.11 17.13		CDC/NCCDPHP	91	See PA 17.	B	C Y A O
State-Based Physical Activity and Cardiovascular Disease Prevention Programs: programs in Colorado, South Carolina, New York, and Alabama, to help communities reduce cholesterol, high blood pressure, fat consumption, and physical inactivity; some projects have a particular focus on minorities.	1 2 8 15	1.3-1.7 1.11 2.3 2.5 2.7 8.10 15.1 15.2		CDC/NCCDPHP	91	$100-$500	M	C Y A O

Related Issue Codes:
R=Research
S=Surveillance
P=Personnel
G=General

Special Population Codes:
B = Blacks
H = Hispanics
A = Asians/Pacific Islanders
I = American Indians
M = Minorities
L = People with Low Incomes
F = Women
D = People with Disabilities
R = Rural or Migrant Farm Workers

Age Group Codes:
I = Infants
C = Children
Y = Adolescents/Young Adults
A = Adults
O = Older Adults

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Inter-Tribal Heart Disease Prevention Project: collaborative project with the Indian Health Service to assess cardiovascular disease and risk factors (including physical activity) and implement and evaluate interventions.	1 8 15	1.1 1.2 1.5 8.10 15.11		CDC/NCCDPHP IHS	91	See PA 15.	I	Y A
National Vital Statistics System (NVSS): collection and publication of data on births, deaths, marriages, and divorces in the United States; followback and other surveys based on the NVSS will also provide information on progress toward the objectives.	1		1S 2S 3S 4S 5S 7S 8S 9S 13S 14S 15S 16S 17S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
National Health and Nutrition Examination Survey: collection and publication of data on the nutritional and medical status of the United States noninstitutionalized population.	1		1S 2S 3S 11S 13S 15S 16S 17S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
National Health Interview Survey: collection and publication of survey data on personal and demographic characteristics, illnesses, injuries, impairments, chronic conditions, use of health resources, and other health topics.	1		1S 2S 3S 6S 8S 9S 13S 14S 15S 16S 17S 18S 20S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
Adolescent Training Grants: prepare individuals from several disciplines to become health care leaders to meet the challenges of a variety of adolescent health issues, including physical fitness.	1 4 5	1.3-1.6 4.5-4.11 5.1-5.11		HRSA/MCHB	91	See PA 5.		Y
Maternal and Child Health Grants: include a focus on physical exercise for children.	1	1.3 1.8		HRSA/MCHB	91	$1,000-$5,000		C
Child and Youth Injury Prevention: two projects are being funded that focus on sports, fitness, and injury prevention.	1 9 13	1.3-1.5 1.8 1.9 9.19 13.16		HRSA/MCHB	91	$500-$1,000		C
Obesity in Women: studies on the relationship of obesity and chronic diseases, such as coronary heart disease, cancer, diabetes, etc.; development of obesity prevention and management programs; special focus placed on black, low income, and American Indian populations.	1 2 15 17	1.2 2.3 2.7 15.10 17.12	2R	NIH/NCI NIH/NIDDK NIH/NICHD NIH/NIA	91	See PA 2.	F M L B I	
Prevention and Treatment of Obesity: includes examination of the relationship of body weight, total body fat, and body fat distribution to health outcomes; the epidemiology of weight gain and successful weight loss; self-directed weight loss strategies; weight loss maintenance behaviors, and the health effects of weight loss and regain; patterns of eating, dietary components (e.g., fat or carbohydrate) on development and treatment of obesity; interaction of environmental and genetic influences and regulation of body fatness; body fat patterns and increased disease risk and mortality; population-wide interventions; diet and exercise effects on weight reduction; and public and professional education.	1 2 15 17	1.2 2.3 2.7 15.10 17.12	2R 2P	NIH/NCI NIH/NIDDK NIH/NICHD NIH/NINDS NIH/NIAMS NIH/NIA NIH/NCNR	91	See PA 2.		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Diet and Physical Activity: behaviors influencing adiposity in infancy and childhood; unhealthy weight reduction strategies; family based obesity treatment; emphasis on women, black, Mexican-American, and low SES populations.	1 2 15	1.3-1.5 1.7 2.3 2.7 15.11	2R	NIH/NCRR NIH/NIA NIH/NICHD NIH/NIDDK	91	See PA 2.	F L B H	I C A
Physical Activity and Fitness Prevention Research: resources to support research into the practical use of exercise for both preventing and ameliorating disease.	1		1R	NIH/NCRR	91	$1,000-$5,000		
Physical Activity Initiative: prevention education to increase physical activity.	1 15	1.1 1.3 1.4 15.1		NIH/NHLBI	91	See PA 15.		p
Cardiovascular Health Study: research to investigate risk factors for coronary heart disease and stroke in older adults, including the factors association with preclinical cardiovascular diseases and the social and psychologic circumstances surrounding a cardiovascular event.	1 2 3 6 15	1.1 1.3 1.4 2.1 3.1 6.5 15.1 15.6 15.8	1R 2R 3R 6R 15R	NIH/NHLBI	91	See PA 15.	D	O
Framingham Heart Study: continuation of longitudinal investigation, initiated in 1948 in Framingham, Massachusetts, of constitutional and environmental factors influencing the development of cardiovascular disease in men and women free of these conditions at the outset. Periodic exams on the surviving members of the original cohort, their offspring, and of the spouses of the offspring (total subjects = 10,344), provide information on physical activity, blood pressure, diet, body weight, occupational history, psychosocial factors, and personal habits such as smoking. Endpoints include coronary heart disease, stroke, hypertension, congestive heart failure, and peripheral arterial disease. Inclusion of offspring in the study allows assessment of familial and genetic factors as determinants of these diseases.	1 2 3 15	1.1 1.3-1.5 15.1 15.2	1R 1S 2R 3R 15R 15S	NIH/NHLBI	91	See PA 15.		A
Strong Heart Study: multi-site study to assess the incidence and prevalence of cardiovascular disease among American Indians and Alaska Natives, and to examine the association between CVD risk factors and CVD in this population.	1 2 15	1.1 1.3 1.4 15.1 15.2 15.6 15.8	1S 2S 3S 15S	NIH/NHLBI	91	See PA 15.	I	A
NHLBI Physical Activity and Fitness Programs: research and public and professional education on the effects of physical activity and exercise on cardiovascular and respiratory disease risk, with special emphasis on minority populations and women.	1	1.1-1.12	1R	NIH/NHLBI	91	$5,000-$10,000	F M D	
NHLBI Obesity Education Initiative: national collaborative effort to integrate and enhance educational activities concerning obesity; patient and professional educational material will be developed and disseminated through State health departments and other public and private agencies.	1 2 6 8 15 21	1.2 2.3 2.7 2.20 6.5 8.4 8.5 8.9 8.12 8.13 15.10 21.2 21.5 21.6 21.7		NIH/NHLBI	91	See PA 15.	F M	

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Community-Based Risk Reduction Research Demonstration Studies: three investigator-initiated community-based research and demonstration programs established in 1981 to develop and assess the effectiveness of community-based programs to prevent atherosclerotic heart disease by modifying behaviors and therefore risk factors that contribute to the development of this disease; specific risk factor targets include smoking, cholesterol-elevating diets, high blood pressure, obesity, and physical inactivity.	1 2 3 8 15	1.2-1.5 2.3 3.4 8.12 8.13 15.4-15.6	1R 2R 3R 8R 15R	NIH/NHLBI	91	See PA 15.		
NHLBI Minority Research Training and Career Development Programs: programs to encourage minority researchers and faculty to develop research skills in areas related to heart, lung, and blood diseases and transfusion medicine.	1 3 15 17 18 21	21.8	1P 3P 15P 17P 18P 21P	NIH/NHLBI	91	See PA 15.		
NHLBI Growth and Health Study: longitudinal cohort study examining diet, physical activity, socioeconomic status, and psychosocial influences that are associated with the development of obesity and cardiovascular risk factors in young black and white females.	1 2 6 15 17	1.1-1.4 1.7 1.8 2.1 2.3 2.5 2.7 2.9 6.5 15.1 15.2 15.4 15.9-15.11 17.1 17.2	1R 2R 6R 15R 17R	NIH/NHLBI	91	$1,000-$5,000	B	C Y
National Cholesterol Education Program: collaborative effort to encourage the public to have their blood cholesterol measured and to understand the connection between high blood cholesterol and cardiovascular disease. In addition, this program promotes a diet low in saturated fat, total fat, and cholesterol for all Americans over two years old.	1 2 8 15 21	2.1 2.3 2.5 2.9 8.1 15.1 15.6-15.9 21.2 21.5 21.6		NIH/NHLBI	91	See PA 15.		
Atherosclerotic Risk in Communities: large-scale, long-term program measuring associations of established and suspected coronary heart disease (CHD) risk factors with both atherosclerosis and new CHD events in men and women from four diverse communities; project includes community surveillance and repeated examinations of a representative cohort of men and women in each community.	1 15	1.1 1.3 1.4 15.1 15.2		NIH/NHLBI	91	See PA 15.		A
Coronary Risk Development in Young Adults (CARDIA): a prospective epidemiologic investigation of the precursors and determinants of coronary heart disease (CHD) risk factors and their evolution over time in a biracial cohort of young men and women (aged 18-30).	1 2 3 15	1.1 1.3 1.4 2.1 2.3 2.5 3.1 15.1 15.2 15.6 15.8	1R 2R 3R 4R 15R	NIH/NHLBI	91	See PA 15.	B	Y
Child and Adolescent Trial for Cardiovascular Health: research project to measure effectiveness of school-based risk reduction interventions involving three components: cardiovascular curriculum, parent participation, and environmental changes in the school.	1 2 3 4 8 15	1.1-1.6 1.9 2.7 3.5 3.8 8.4 15.1 15.2	1R 2R 3R 4R 8R 15R	NIH/NHLBI	91	See PA 15.	B H	C Y
Physical Frailty of Older Adults: research on means to improve strength, prevent disabling falls and fractures, and restore personal independence among older adults, with emphasis on frailty among women and minorities.	1 9 17	1.5 9.4 9.7 17.3	1R 17R	NIH/NIA	91	See PA 17.	M D	O

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Physically Fit Older Adults: research connecting moderate physical activity with lower risk of death from heart disease, cancer, and other illnesses.	1	1.5		NIH/NIA	91	$1,000-$5,000		O
Musculoskeletal Fitness and Sports Medicine: research into the benefits of exercise and physical fitness	1 9	1.2 1.3 1.5-1.12	1R 9R	NIH/NIAMS	91			
Hip Fractures due to Osteoporosis: research into the epidemiology, pathogenesis, and prevention of osteoporosis and related hip fractures.	1 2 9 17	9.7	1R 2R 9R 17R	NIH/NIAMS	91	See PA 9.		
Sports Injuries: epidemiologic studies of musculoskeletal injuries associated with participation in sports and physical exercise.	1 9	9.19	9R 1R	NIH/NIAMS	91	See PA 9.		
Musculoskeletal Diseases: studies on the etiology and pathogenesis of osteoarthritis and musculoskeletal injuries.	1 9 17	9.19 17.2 17.3 17.5	1R 9R 17R	NIH/NIAMS	91	See PA 17.		
Muscle Diseases and Muscle Biology: research into the etiology and pathogenesis of muscle diseases and injuries and studies of muscle structure and contraction.	1 9 17	9.19 17.2 17.3	1R 9R 17R	NIH/NIAMS	91	See PA 17.		
Physical Activity and Fitness Research: research into the role of exercise in prevention and treatment of adult diabetes and obesity and of their complications.	1 2 17	1.2 1.7 2.3 17.12		NIH/NIDDK	91	See PA 17.		A
Obesity Research: study of obesity and the role of surgical intervention for the severely overweight population and weight-height guidelines to incorporate health maintenance and the behavioral aspects of energy intake and expenditure in obesity prevention; also includes prevention of obesity and its complications and convening the National Task Force on the Treatment and Prevention of Obesity.	1 2 17	1.2 2.3 2.5-2.8 2.21 17.11-17.13	1R 2R	NIH/NIDDK	91	See PA 2.		
Obesity in Adolescents: studies on the prevention and metabolic consequences of weight cycling; smoking, dieting, and weight reduction; family interventions; role of exercise; emphasis on young black and white females.	1 2 15 17	1.2 2.3 2.7 15.10 17.12 R		NIH/NIDDK NIH/NICHD NIH/NCNR	91	See PA 2.	F M B	Y
Healthy People 2000 Coordination: PHS-wide coordination and staff support for Assistant Secretary for Health's review and oversight of PHS activities to achieve the Healthy People 2000 objectives.	1	1.1-1.12		OASH/ODPHP	91	<$100		
Ten-Point National Program: physical fitness and sports initiatives to promote knowledge and understanding of the importance of physical activity; many projects are cooperative efforts with private companies.	1	1.3-1.12		OASH/PCPFS	91	$500-$1,000	M D	C Y A O
President's Challenge: motivates able-bodied and disabled children and youth aged 6 through 17 to improve their physical fitness by striving for the Presidential, National or Participant Physical Fitness Award; school recognition is the State Champion Award.	1	1.3 1.4 1.8 1.9		OASH/PCPFS	91	Self-supporting.		C Y
Presidential Sports Award: recognizes participation in a regular program of exercise by people aged 10 and older in 58 sports/fitness categories.	1	1.3-1.6 1.10		OASH/PCPFS	91	Self-supporting.		C Y A O

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Media Communication Campaigns: public information about the benefits of physical fitness, sports, and maintaining an active lifestyle; family fitness; need for high quality, daily physical education.	1 8	1.3-1.12 8.4		OASH/PCPFS	91	$100-$500		C Y A O
Visits by Chairman of President's Council of Physical Fitness and Sports to all fifty States: motivates States to map out strategies to improve the physical fitness of youth and encourage daily, high quality school-based physical education for children in grades k-12.	1	1.3-1.6 1.8 1.9		OASH/PCPFS	91	<$100		C Y
Other Federal Agencies with Programs for Physical Activity and Fitness: Department of Agriculture.	1				91			
Other Federal Agencies with Programs for Physical Activity and Fitness: Department of Defense.	1				91			
Other Federal Agencies with Programs for Physical Activity and Fitness: Department of Education.	1				91			

2. Nutrition

Introduction

Diet-related diseases such as coronary heart disease, cancers, strokes, and diabetes mellitus are leading causes of death and disability in the United States. Although the precise proportion attributable to diet is uncertain, these four conditions accounted for over 1.4 million of the 2.2 million total deaths in 1988. Dietary excesses or imbalances also contribute to other problems such as high blood pressure, obesity, dental diseases, osteoporosis, and gastrointestinal diseases. Substantial scientific research over the past few decades indicates that diet can play an important role in the prevention of such conditions. Proper nutrition is important in sustaining and improving health at all ages. The improvement of maternal and child nutrition is especially critical to improving our national health. Nutrition, therefore, is a key focus of *Healthy People 2000*. The objectives relate to obesity, diet and disease relationships, the application of the *Dietary Guidelines for Americans* to food service operations, dietary counseling, food labeling, nutrition education in schools, maternal and infant health, and feeding of older people. Reflecting nutrition's many health interrelationships, several Nutrition objectives were developed jointly with other priority areas in *Healthy People 2000*.

Action Summary

The National Institutes of Health (NIH) and the Food and Drug Administration (FDA) are co-Lead PHS Agencies for efforts to achieve the *Healthy People 2000* Nutrition objectives. Throughout the process used to set the national objectives, NIH and FDA worked collaboratively with numerous private and public agencies including the Centers for Disease Control (CDC), Health Resources and Services Administration (HRSA), Indian Health Service (IHS), Office of Disease Prevention and Health Promotion (ODPHP), Department of Defense (DOD), U.S. Department of Agriculture (USDA), and the Association of State and Territorial Public Health Nutrition Directors (ASTPHND). Building on their experiences with the 1990 national nutrition objectives, an integrated strategy for achieving the nutrition objectives has been developed. Since nutrition is an integral part of many areas affecting life and health, implementation of the objectives requires a broad-based approach that includes many public and private sectors.

The Lead Agencies have three main activities to promote achievement of the *Healthy People 2000* objectives for nutrition:

- Federal Government activities to lead public and professional nutrition education, such as the *Dietary Guidelines for Americans* and the National Cholesterol Education Program; services and protection such as food labeling regulations; nutrition guidance for child nutrition programs; and a 10-year plan for national nutrition surveillance.
- State activities to create objectives comparable to the *Healthy People 2000* Nutrition objectives, leaving the setting of priorities according to regional and local needs and capabilities, and the planning, coordination, and implementation to State and local health agencies and governing boards of the wide range of private sector organizations. The Nutrition objectives can be implemented through State and local as well as Federal Government efforts.
- Nongovernment activities to stimulate a sustained multidisciplinary approach to achieving the Nutrition objectives through programs and activities initiated by a variety of participants, with government cooperation and support where possible. Already a wide range of activities that contribute to achievement of the objectives is underway by private participants, including consumer, professional, trade and other organizations, and private industries.

Additional strategies include: exploring greater cooperation with the other *Healthy People 2000* priority area Work Groups that share the Nutrition objectives, for example, objectives for

overweight and dietary fat intake appear in priority areas other than Nutrition; and developing and encouraging efforts to address the nutrition requirements of the hard-to-reach and individuals in greatest need.

Partnerships for Healthy People 2000

Partnerships with Federal, State, and local governments, voluntary agencies, the American public, the food industry, and scientists and health professionals are fundamental components of the *Healthy People 2000* nutrition strategy to attain the *Healthy People 2000* objectives. Together we can encourage Americans to make healthy food choices and to achieve national health goals. The achievement of the Nutrition objectives requires a broad range of professional, advocacy, and consumer participants.

Implementation and achievement is a shared process of not only the Federal Government and State and local health departments, but the many private and public sectors. Many organizations have underway or are developing coalitions that support the Nutrition objectives. For example, Project LEAN, which encourages lower fat consumption, was developed by the Kaiser Family Foundation and continues under the aegis of the American Dietetic Association. The Five-a-Day (of fruits and vegetables) for Health program that was initially supported by Federal funding, has expanded to a private coalition, and other coalitions are developing.

Priority Issues for Future Action

To achieve the Nutrition objectives, PHS and its partners in support of this priority area will give particular attention to the following issues for future action:

- Food labeling reform and related nutrition education to facilitate consumers' application of the *Dietary Guidelines for Americans* in their daily eating patterns.
- Collaboration with Federal agency partners to offer menus in publicly supported food services--including public schools and day care, meals for senior citizens, and meals in institutions--that follow the *Dietary Guidelines for Americans*.
- Emphasis on nutrition education, directed particularly to school-aged children, low-income populations, and medical professionals.

For More Information . . .

Healthy People 2000 Nutrition Coordinator
Division of Nutrition Research Coordination
National Institutes of Health
Building 31, Room 4B63
9000 Rockville Pike
Bethesda, MD 20892
(301) 496-9281

Healthy People 2000 Nutrition Coordinator
Food and Drug Administration
Federal Building #8, Room 1832
200 C Street, SW.
Washington, DC 20201
(202) 245-1561

Division of Public Information
National Institutes of Health
Building 1, Room 344
9000 Rockville Pike
Bethesda, MD 20892
(301) 496-5787

Office of Consumer Affairs
Food and Drug Administration
5600 Fishers Lane HFE-88
Rockville, MD 20857
(301) 443-3170

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Neuroscience of Eating: research to understand the biological foundations for eating and drinking behavior.	2		2R	ADAMHA/NIMH	91	$100-$500		
Pregnant and Postpartum Women and Their Infants Grant Program: focus on prevention and treatment for pregnant and postpartum women and their infants as well as young women of prechildbearing age; projects offer nutritional education and counseling, alcohol and other drug use prevention and treatment, comprehensive mental health and substance abuse services, HIV/AIDS education, counseling, testing, sexually transmitted disease prevention/treatment, and clinical preventive services.	2 4 6 18 19 21	2.10 2.11 6.1-6.9	4G 18G 19G 21G	ADAMHA/OSAP	91	See PA 4.		I C Y A
Nutrition: nutrition assessment, education, and counseling for chemically-dependent patients.	2	2.21		ADAMHA/OTI	91	$1,000-$5,000		
Preventive Health and Health Services Block Grant (Health Education and Risk Reduction Program): indirect services (media campaigns, education, consulting) in nutrition, smoking cessation, alcohol misuse prevention, and exercise to prevent premature morbidity and mortality.	2 1 3 4 8	1.3-1.5 1.7 2.3 3.4 4.8 8.10 15.2		CDC/NCCDPHP	91	See PA 8.	M	Y A
Community Models Project for Diabetes Prevention and Control: project to reduce the incidence and complications of diabetes via increased physical activity, reductions in weight, and dietary fat reduction using community and medical intervention.	2 1 17	1.3 2.5 2.7 17.9-17.11 17.13		CDC/NCCDPHP	91	See PA 17.	B	C Y A O
Academic Centers for Prevention Research: research funding for health promotion or disease prevention projects, having collaborative ties with other groups, and a commitment to evaluation of efficacy and effectiveness; two centers include physical activity studies.	2 1 3 15 16 17	17.1 17.2	1G 2G 3G 15G 16G 17G	CDC/NCCDPHP	91	See PA 17.	M	Y A O
State-Based Physical Activity and Cardiovascular Disease Prevention Programs: programs in Colorado, South Carolina, New York, and Alabama, to help communities reduce cholesterol, high blood pressure, fat consumption, and physical inactivity; some projects have a particular focus on minorities.	2 1 8 15	1.3-1.7 1.11 2.3 2.5 2.7 8.10 15.1 15.2		CDC/NCCDPHP	91	See PA 1.	M	C Y A O
Prevention of Overweight: research into factors influencing successful weight management, the long-term consequences of voluntary weight loss, and identification of prevention strategies for overweight, including physical activity.	2 1 15 17	1.2 1.7 2.3 2.7 15.10 17.12	1R 2R 15R 17R	CDC/NCCDPHP	91	$100-$500		Y A
State-Based Dietary Surveillance: analysis and validation of dietary data from the State-based Behavioral Risk Factor Surveillance System to assess intake of dietary fat and fruits and vegetables.	2 15 16	1.6 2.5 2.6 15.9 16.6-16.8	2	CDC/NCCDPHP	91	$100-$500		A

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A = Adults
O = Older Adults

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Nutrition Surveillance: collection and application of State-based data to track growth retardation, iron deficiency, and breastfeeding practices in low income populations.	2 14	2.4 2.10 2.11 14.9	2S	CDC/NCCDPHP	91	$1,000-$5,000	L	I C
Food Industry Partnerships: establishment of an Industry Partners Group to help develop a national strategy for public/private partnerships for nutrition in health promotion and disease prevention.	2	2.1 2.21	2G	CDC/NCCDPHP	91	<$100		
School-Based Nutrition Education: development and evaluation of Guidelines for Nutrition Education in Comprehensive School Health Programs.	2 8	2.17 2.19 8.9		CDC/NCCDPHP	91	$100-$500		C Y
National Vital Statistics System (NVSS): collection and publication of data on births, deaths, marriages, and divorces in the United States; followback and other surveys based on the NVSS will also provide information on progress toward the objectives.	2		1S 2S 3S 4S 5S 7S 8S 9S 13S 14S 15S 16S 17S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
National Health and Nutrition Examination Survey: collection and publication of data on the nutritional and medical status of the United States noninstitutionalized population.	2		1S 2S 3S 11S 13S 15S 16S 17S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
National Health Interview Survey: collection and publication of survey data on personal and demographic characteristics, illnesses, injuries, impairments, chronic conditions, use of health resources, and other health topics.	2		1S 2S 3S 6S 8S 9S 13S 14S 15S 16S 17S 18S 20S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
Food Labeling Initiative: revision of food labels to improve usefulness and consistency of information presented, including review and revision of relevant regulations.	2	2.14		FDA/CFSAN	91	$5,000-$10,000		
Health and Diet Survey: to obtain data necessary to establish consumption trends by consumers.	2	2.9		FDA/CFSAN	91	<$100		
Food Label and Package Survey: records label information from packages on nutrition content and compliance with labeling of fresh produce and seafood.	2	2.14 2.15	2S	FDA/CFSAN	91	$100-$500		
Weight Loss Study: provides data on prevalence and distribution of specific weight loss practices in the population.	2	2.7	2S	FDA/CFSAN	91	$100-$500		
Health Professions Training and Education: programs to strengthen curriculum and to encourage, for primary care providers, training and education programs related to nutrition.	2		2P	HRSA/BHPr	91	$100-$500		A

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Prenatal and Infant Screening and Education: projects focus on screening for genetic disorders and education on nutrition, breastfeeding, safety, and lead poisoning, especially to high-risk groups.	2 11 14	2.10 2.11 11.4 14.15		HRSA/MCHB	91	See PA 14.	M L	I C
Health Services for Youth: services for teenagers through health programs sensitive to specific needs of American Indians, such as alcohol and drug use and abuse, sex education, and nutrition information.	2 4 5 8	2.3 4.13 5.7 8.11		IHS	91	See PA 8.	I	Y
Cancer Prevention Research: bridges results of basic research and health care applications; particular emphasis on chemoprevention and dietary intervention.	2 16	2.2 2.5 2.6 16.1	16R 16P	NIH/NCI	91	See PA 16.	F	
Nutrition and Cancer: focus on foods, nutritional factors, and dietary habits that may induce, promote, or inhibit cancer; also includes information dissemination on healthful dietary practices.	2 16	2.5 2.6 16.7 16.8		NIH/NCI	91	See PA 16.		
Low-fat Diet Patterns and Health: epidemiological studies of lowfat diet and morbidity/mortality; adherence to a low-fat diet; cancer prophylaxis by low-fat diet; dietary intervention in primary care practices; low-fat diet and weight loss; community-based risk reduction demonstration studies; child and adolescent trial of cardiovascular health.	2 15 16	2.1 2.2 2.5 15.9 16.7	2R 2P	NIH/NCI NIH/NIDDK NIH/NCRR	91	$10,000-$50,000	M H	C A
Obesity in Women: studies on the relationship of obesity and chronic diseases, such as coronary heart disease, cancer, diabetes, etc.; development of obesity prevention and management programs; special focus placed on black, low income, and American Indian populations.	2 1 15 17	1.2 2.3 2.7 15.10 17.12	2R	NIH/NCI NIH/NIDDK NIH/NICHD NIH/NIA	91	$10,000-$50,000	F M L B I	
Prevention and Treatment of Obesity: includes examination of the relationship of body weight, total body fat, and body fat distribution to health outcomes; the epidemiology of weight gain and successful weight loss; self-directed weight loss strategies; weight loss maintenance behaviors, and the health effects of weight loss and regain; patterns of eating, dietary components (e.g., fat or carbohydrate) on development and treatment of obesity; interaction of environmental and genetic influences and regulation of body fatness; body fat patterns and increased disease risk and mortality; population-wide interventions; diet and exercise effects on weight reduction; and public and professional education.	2 1 15 17	1.2 2.3 2.7 15.10 17.12	2R 2P	NIH/NCI NIH/NIDDK NIH/NICHD NIH/NINDS NIH/NIAMS NIH/NIA NIH/NCNR	91	$10,000-$50,000		
Effects of Dietary Fats/Lipids on Organ Function and Chronic Disease Development: prevention of mitochondrial aging; effects on macrophage function; effects on membrane fluidity; effects on lipid peroxidation injury; modulation of gene expression; promotion of cell proliferation, differentiation, and development of various cancers (cell culture and animal models); epidemiologic studies of dietary fat and cancer risk; effects on obesity/weight maintenance; effect on development of gallstones; effects on development of diabetic nephropathy and other manifestations of diabetes; and dietary fatty acids and blood pressure.	2 16 17	2.2 2.3 2.5 16.7 17.10	2R	NIH/NCI NIH/NIDR NIH/NIDDK NIH/NICHD NIH/NIA NIH/NCRR	91	>$100,000	M A	A O

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Diet and Physical Activity: behaviors influencing adiposity in infancy and childhood; unhealthy weight reduction strategies; family based obesity treatment; emphasis on women, black, Mexican-American, and low SES populations.	2 1 15	1.3-1.5 1.7 2.3 2.7 15.11	2R	NIH/NCRR NIH/NIA NIH/NICHD NIH/NIDDK	91	$10,000-$50,000	F L B H	I C A
Nutrition Prevention Research: resources to understand the effects of certain nutrients and nutrition intervention in preventing disease or progression of disease.	2		2R	NIH/NCRR	91	$10,000-$50,000		
NHLBI Obesity Education Initiative: national collaborative effort to integrate and enhance educational activities concerning obesity; patient and professional educational material will be developed and disseminated through State health departments and other public and private agencies.	2 1 6 8 15 21	1.2 2.3 2.7 2.20 6.5 8.4 8.5 8.9 8.12 8.13 15.10 21.2 21.5 21.6 21.7		NIH/NHLBI	91	See PA 15.	F M	
Community-Based Risk Reduction Research Demonstration Studies: three investigator-initiated community-based research and demonstration programs established in 1981 to develop and assess the effectiveness of community-based programs to prevent atherosclerotic heart disease by modifying behaviors and therefore risk factors that contribute to the development of this disease; specific risk factor targets include smoking, cholesterol-elevating diets, high blood pressure, obesity, and physical inactivity.	2 1 2 3 15	1.2-1.5 2.3 3.4 8.12 8.13 15.4-15.6	1R 2R 3R 8R 15R	NIH/NHLBI	91	See PA 15.		
National High Blood Pressure Education Program: collaborative effort to reduce hypertension in high-risk groups through increased awareness of the value of maintaining proper weight, limiting intake of salt and alcohol, exercising, and following recommendations of physicians in complying with treatment regimens.	2 1 4 8 15 21	1.1-1.3 2.1 2.3 2.5 2.9 4.8 8.1 15.1 15.6-15.9 21.2 21.5 21.6		NIH/NHLBI	91	See PA 15.	M B	A
NHLBI Growth and Health Study: longitudinal cohort study examining diet, physical activity, socioeconomic status, and psychosocial influences that are associated with the development of obesity and cardiovascular risk factors in young black and white females.	2 1 6 15 17	1.1-1.4 1.7 1.8 2.1 2.3 2.5 2.7 2.9 6.5 15.1 15.2 15.4 15.9-15.11 17.1 17.2	1R 2R 6R 15R 17R	NIH/NHLBI	91	See PA 1.	B	C Y
National Cholesterol Education Program: collaborative effort to encourage the public to have their blood cholesterol measured and to understand the connection between high blood cholesterol and cardiovascular disease. In addition, this program promotes a diet low in saturated fat, total fat, and cholesterol for all Americans over two years old.	2 1 8 15 21	2.1 2.3 2.5 2.9 8.1 15.1 15.6-15.9 21.2 21.5 21.6		NIH/NHLBI	91	See PA 15.		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
CVD Nutrition Education for Low Literacy Skills: initiative to develop and validate nutrition education programs to reduce cardiovascular disease (CVD) risk factors related to nutrition (elevated blood cholesterol, moderately elevated blood pressure, and obesity) in at risk adults with low literacy skills; long-term objective is to provide health professionals with nutrition intervention programs for underserved populations.	2 8 15	2.1 8.1 15.1 15.5 15.8 15.15	2R 15R	NIH/NHLBI	91	See PA 15.	M L	A
NHLBI Nutrition Programs: studies to assess the consequences of food or nutrient intake and use on the cardiovascular, pulmonary, and hematologic systems, with special emphasis on minority populations and women.	2	2.1 2.3 2.5 2.7 2.9 2.14 2.16 2.17 2.19-2.21	2R	NIH/NHLBI	91	$50,000-$100,000	F M	
APPLI—Assisting Primary-Care Providers with Lipid-Lowering Interventions: demonstration and education research to develop and evaluate primary care models for managing high blood cholesterol based on the guidelines for education, evaluation, and treatment released by the Adult Treatment Panel of the National Cholesterol Education Program.	2 8 15 21	2.1 2.5 2.21 8.1 15.1 15.6-15.8 15.15 21.1 21.5		NIH/NHLBI	91	See PA 15.		A
Cost-Effective Strategies of Cholesterol-Lowering: initiative to develop quantitative models of the potential extension of life and good health attainable by lowering blood cholesterol levels to prevent the progression and sequelae of atherosclerotic coronary heart disease and to compare the cost-effectiveness of cholesterol-lowering with other strategies of CHD prevention and treatment.	2 15	2.1 15.1 15.5 15.8 15.15		NIH/NHLBI	91	See PA 15.		
Postprandial Lipoproteins and Atherosclerosis: initiative to determine whether postprandial lipoproteins are associated with atherosclerosis, and, if so, whether the association is statistically independent of that between fasting lipoproteins and atherosclerosis.	2 15	2.1 15.1	2R 15R	NIH/NHLBI	91	See PA 15.		
USDA Consumer Nutrition Center—Nutrient Data Research Branch: to strengthen the NHLBI nutrition data system by (1) expediting continued compilation of accurate food composition data for nutrients associated with heart, lung, and blood diseases, and (2) assisting in development of data-based coding rules for calculation of nutrient content of foods subjected to a variety of preparation procedures.	2 15	2.1 15.1	2S 15S	NIH/NHLBI	91	See PA 15.		
USDA Nutrient Composition Laboratory: to increase the accuracy of the NHLBI nutrient data system by (1) development of new or improved analytic techniques for nutrients and other food components of interest to the heart, lung and blood disease research community, (2) expediting the acquisition and dissemination of accurate nutrient composition data using newly developed and improved methods for nutrients and other food components, and (3) supporting quality control programs to increase the accuracy of food analyses.	2 15	2.1 15.1	2S 15S	NIH/NHLBI	91	See PA 15.		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Women's Health Trial: Minority Feasibility Study—Cardiovascular Component: cardiovascular component of the NCI feasibility study for a clinical trial to assess the effect of a low-fat (20% of calories) diet on breast cancer and on heart disease in postmenopausal women. The study will evaluate the feasibility of recruiting and intervening with minority and/or low socioeconomic status women. The feasibility study will involve 3,000 women in 3 clinical centers for 3 years, and the full-scale study would involve 24,000 women for 14 years.	2 15	2.1 2.5 15.1	2R 15R	NIH/NHLBI	91	See PA 15.	F M L	
NHLBI Cancer-Related Research: studies related to the interface between cancer and diseases of the heart, lungs, and blood.	2 3 16	16.6 16.7	2R 3R 16R	NIH/NHLBI	91	See PA 16.		
Dietary Intervention Study in Children (DISC): assess the feasibility, acceptability, efficacy, and safety of dietary intervention in children and adolescents with elevated low-density lipoprotein cholesterol levels.	2 15	2.1 2.5 15.1 15.2 15.8 15.9	2R 15R	NIH/NHLBI	91	See PA 15.		C Y
Lipid Research Clinics: research on improved diagnosis and management of hyperlipoproteinemia; prevalence of abnormalities, their causes and treatment; and effect of treatment on premature atherosclerosis.	2 15	2.1 15.1 15.2	2R 15R	NIH/NHLBI	91	$500-$1,000		A
Trials of Hypertension Prevention (ToHP): initiative to determine whether diastolic and systolic blood pressure can be lowered and a substantial proportion of new cases of hypertension be prevented by weight loss or sodium restriction, and if so, which intervention or combination is most effective. Assess value of shifting practice from current "high risk" detection and treatment to one in which primary prevention is emphasized.	2 15	2.1 2.3 2.7 2.9 15.1 15.2 15.4 15.5 15.10	2R 15R	NIH/NHLBI	91	See PA 15.	B	A
Cardiovascular Health Study: research to investigate risk factors for coronary heart disease and stroke in older adults, including the factors associated with preclinical cardiovascular diseases and the social and psychologic circumstances surrounding a cardiovascular event.	2 1 3 6 15	1.1 1.3 1.4 2.2 3.1 6.5 15.1 15.6 15.8	1R 2R 3R 6R 15R	NIH/NHLBI	91	See PA 15.	D	O
Coronary Risk Development in Young Adults (CARDIA): a prospective epidemiologic investigation of the precursors and determinants of coronary heart disease (CHD) risk factors and their evolution over time in a biracial cohort of young men and women (aged 18-30).	2 1 3 15	1.1 1.3 1.4 2.1 2.3 2.5 3.1 15.1 15.2 15.6 15.8	1R 2R 3R 4R 15R	NIH/NHLBI	91	See PA 15.	B	Y
Child and Adolescent Trial for Cardiovascular Health: research project to measure effectiveness of school-based risk reduction interventions involving three components: cardiovascular curriculum, parent participation, and environmental changes in the school.	2 1 3 4 8 15	1.1-1.6 1.9 2.7 3.5 3.8 8.4 15.1 15.2	1R 2R 3R 4R 8R 15R	NIH/NHLBI	91	See PA 15.	B H	C Y

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Framingham Heart Study: continuation of longitudinal investigation, initiated in 1948 in Framingham, Massachusetts, of constitutional and environmental factors influencing the development of cardiovascular disease in men and women free of these conditions at the outset. Periodic exams on the surviving members of the original cohort, their offspring, and of the spouses of the offspring (total subjects = 10,344), provide information on physical activity, blood pressure, diet, body weight, occupational history, psychosocial factors, and personal habits such as smoking. Endpoints include coronary heart disease, stroke, hypertension, congestive heart failure, and peripheral arterial disease. Inclusion of offspring in the study allows assessment of familial and genetic factors as determinants of these diseases.	2 1 3 15	1.1 1.3-1.5 15.1 15.2	1R 1S 2R 3R 15R 15S	NIH/NHLBI	91	See PA 15.		A
Strong Heart Study: multi-site study to assess the incidence and prevalence of cardiovascular disease among American Indians and Alaska Natives, and to examine the association between CVD risk factors and CVD in this population.	2 1 15	1.1 1.3 1.4 15.1 15.2 15.6 15.8	1S 2S 3S 15S	NIH/NHLBI	91	See PA 15.	I	A
Do Fish Oils Prevent Restenosis Post Coronary Angioplasty?: clinical trial to evaluate whether supplementing diet with n-3 polyunsaturated fatty acids affects rate of restenosis in patients undergoing percutaneous transluminal coronary angioplasty.	2 15	2.1 15.1	15R	NIH/NHLBI	91	See PA 15.		A O
Consumption of Foods Containing Complex Carbohydrates and Dietary Fiber: academic teaching nursing home award; churches and eating behavior changes; effects of dietary fiber and other plant compounds on prevention of cancer development and recurrence; physicochemical and physiological effects of dietary fiber; phytochemical compliance markers; dietary intervention in primary care practice; and 5-a-Day program.	2 16	2.1 2.6 16.8	2R 2P	NIH/NIA NIH/NCI NIH/NIDDK NIH/NCRR	91	$10,000-$50,000	M	A O
Role of Calcium in the Etiology and Prevention of Osteoporosis: studies on effects of calcium on bone mass formation during puberty; prevention of age-related bone loss by calcium therapy; control of calcium absorption and metabolism; and the relationship to osteoporosis and related fractures.	2 9 17	2.8	2R 9R 17R	NIH/NIAMS	91	$1,000-$5,000		
Hip Fractures due to Osteoporosis: research into the epidemiology, pathogenesis, and prevention of osteoporosis and related hip fractures.	2 1 9 17	9.7	1R 2R 9R 17R	NIH/NIAMS	91	See PA 9.		
Bone Biology and Bone Diseases Research: basic, therapeutic, and epidemiologic studies relevant to the prevention of osteoporosis and other bone diseases and their consequences.	2 9 17	2.8 9.7 17.2 17.3 17.18	2R 9R 17R	NIH/NIAMS	91	See PA 17.		
Osteoporosis and Bone Disease: basic, clinical, and epidemiological research into prevention; therapies under study include drug therapy, calcium (nutritional) supplements, estrogen hormone treatment, and exercise.	2 9 17	2.8 9.7 17.18		NIH/NIAMS	91	See PA 17.		O
Salt and Sodium Intake: studies to elucidate mechanisms of salt preference and modification of salt appetite; regulation of sodium intake; and effects of salt/sodium on cardiovascular function.	2 15	2.9 15.5	2R 15R	NIH/NIDCD NIH/NIDDK NIH/NINDS	91	$5,000-$10,000	M H	I C A

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Physical Activity and Fitness Research: research into the role of exercise in prevention and treatment of adult diabetes and obesity and of their complications.	2 1 17	1.2 1.7 2.3 17.12		NIH/NIDDK	91	See PA 17.		A
Obesity Research: study of obesity and the role of surgical intervention for the severely overweight population and weight-height guidelines to incorporate health maintenance and the behavioral aspects of energy intake and expenditure in obesity prevention; also includes prevention of obesity and its complications and convening the National Task Force on the Treatment and Prevention of Obesity.	2 1 17	1.2 2.3 2.5-2.8 2.21 17.11-17.13	1R 2R	NIH/NIDDK	91	$10,000-$50,000		
Nutrition as Prevention: research is supported in areas such as perinatal development and osteoporosis.	2 14 17	2.8 2.10 2R 14.5	2R	NIH/NIDDK	91	$10,000-$50,000		I O
Digestive Diseases and Nutrition Research: includes work on therapy for chronic hepatitis C, nutritional sciences, and understanding and preventing associated health risks.	2 15 17 20	2.3 15.10 17.12 20.3	2R 17R	NIH/NIDDK	91	See PA 17.		
Women's Health: participation through research and clinical trials on obesity, diabetes, urological conditions, and osteoporosis.	2 14 17	2.3 2.5-2.10 14.6 14.7 17.9-17.13 17.18	2R 14R 17R	NIH/NIDDK	91	See PA 17.	F B H I	
Weight and Maternal and Infant Health: research into excessive weight gain and diabetes during pregnancy.	2 14 17	2.3 14.7 17.9-17.11	17R	NIH/NIDDK	91	See PA 14.	F B H I	Y A
Obesity in Women: studies of the relationship between obesity and coronary heart disease will lead to development of obesity prevention and management programs; special focus will be placed on black women.	2 15 17	2.3 2.7 15.1	2R 17R	NIH/NIDDK	91	$10,000-$50,000	F B	
Obesity in Adolescents: studies on the prevention and metabolic consequences of weight cycling; smoking, dieting, and weight reduction; family interventions; role of exercise; emphasis on young black and white females.	2 1 15 17	1.2 2.3 2.7 15.10 17.12		NIH/NIDDK NIH/NICHD NIH/NCNR	91	$10,000-$50,000	F M B	Y
Nutrition: research on the impact of diet and nutrition on oral conditions and systemic diseases.	2 13		2G 13R 13G	NIH/NIDR	91	See PA 13.		
Healthy People 2000 Coordination: PHS-wide coordination and staff support for Assistant Secretary for Health's review and oversight of PHS activities to achieve the Healthy People 2000 objectives.	2	2.1-2.21		OASH/ODPHP	91	<$100		
Nutrition Labeling Policies and Regulations: review by the National Academy of Sciences and the Food and Nutrition Board of the Institute of Medicine; labeling reforms are being shaped by the findings of the study.	2	2.13 2.14		OASH/ODPHP	91	$100-$500		
Secretary's Healthy Menu Program: development and management of a model worksite-based nutrition education and service program at the cafeteria of the HHS headquarters building in Washington, DC.	2	2.16 2.20		OASH/ODPHP	91	<$100		A

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Special Reports on Nutrition and Health: issuance of reports describing the known relationships between diet and health.	2	2.5 2.6		OASH/ODPHP	91	$100-$500		
Worksite Health Promotion Program: program components include emphasis on nutrition education.	2	2.20 2.21		OASH/ODPHP	91	$100-$500		A
Dietary Guidelines for Americans: revision of the guidelines was done in collaboration with the Department of Agriculture.	2	2.16 2.17		OASH/ODPHP	91	$100-$500		
Other Federal Agencies with Programs for Nutrition: Department of Agriculture.	2				91			
Other Federal Agencies with Programs for Nutrition: Department of Defense.	2				91			
Other Federal Agencies with Programs for Nutrition: Department of Education.	2				91			
Other Federal Agencies with Programs for Nutrition: Department of Veterans Affairs.	2				91			
Other Federal Agencies with Programs for Nutrition: Federal Trade Commission.	2				91			
Other Federal Agencies with Programs for Nutrition: Department of Health and Human Services.	2			HHS/ACYF	91			

3. Tobacco

Introduction

Tobacco use is responsible for more than one of every six deaths in the United States and is the single most important preventable cause of death and disease in our society. Tobacco use is a major risk factor for diseases of the heart and blood vessels; chronic bronchitis and emphysema; cancers of the lung, larynx, pharynx, oral cavity, esophagus, pancreas, and bladder; and other problems such as respiratory infections and stomach cancer. Cigarette smoking accounts for about 434,000 deaths yearly including 21 percent of all coronary heart disease deaths, 87 percent of lung cancer deaths, and 30 percent of all cancer deaths.

Action Summary

The strategy for achieving the *Healthy People 2000* Tobacco objectives involves individual and collaborative efforts of several PHS agencies with three integrated components. The Centers for Disease Control (CDC), through the National Center for Chronic Disease Prevention and Health Promotion's Office on Smoking and Health, is the Lead PHS Agency for efforts to achieve the *Healthy People 2000* Tobacco objectives. The Office strategy includes the following three activities for achieving the objectives:

- Develop model interventions. Activities include encouraging State passage of the Department of Health and Human Services developed model law for minors' access to tobacco; conducting demonstration projects on smoking cessation interventions for pregnant women; and demonstrating wide-spread, coordinated application of research-based strategies to prevent and control tobacco use through the American Stop Smoking Intervention Study (ASSIST) program.
- Strengthen State ability to reduce tobacco use. Activities include supporting a Tobacco Use Prevention and Control Network to inform State officials of the latest information on tobacco control efforts in other States and to foster collaboration between States; providing funds to States for aggressive tobacco control action; and providing technical assistance to State health departments in estimating smoking attributable disease effects through the Smoking Attributable Morbidity, Mortality, and Economic Cost (SAMMEC) data base system.
- Disseminate targeted information about smoking control. Activities include releasing a nationwide media campaign aimed at reducing smoking among black Americans, especially in the southeastern area called the "stroke belt" of the U.S; disseminating information on smoking cessation for older adults; and publishing a report of an Expert Panel on Prenatal Smoking Cessation.

Partnerships for Healthy People 2000

Partnerships with States are a fundamental component of the strategy to reach the *Healthy People 2000* Tobacco objectives. PHS agencies offer technical assistance to support States as they work to meet the Tobacco objectives. In addition to State collaboration, PHS agencies work with private voluntary organizations such as the American Cancer Society, American Heart Association, and American Lung Association to design and implement strategies related to the Tobacco objectives.

Tobacco use is a widespread problem, and therefore input and commitment from all segments of society will be necessary to minimize and eliminate associated disease and death. PHS agencies working toward the Tobacco objectives recognize the importance of cross-cutting input from our Partners in Prevention.

Priority Issues for Future Action

To achieve the Tobacco objectives, PHS and its partners in support of this priority area will give particular attention to the following issues for future action:

- Greater focus of anti-tobacco use education to groups that continue to have highest prevalence of smoking and use of smokeless tobacco, including blue-collar workers, low-income groups, and young women.
- Development and dissemination of model interventions including legislative and regulatory approaches that can be adopted by States and localities, to achieve smoke-free environments and to discourage use of tobacco.
- Determination of more effective educational and programmatic interventions to prevent initiation of tobacco use by young people and dissemination of these approaches through schools and community organizations.

For More Information . . .

Healthy People 2000 Tobacco Coordinator
Office on Smoking and Health
Centers for Disease Control
1600 Clifton Road, NE., Room 5066, Mailstop K-50
Atlanta, GA 30333
(404) 488-5701

Technical Information Center
Office on Smoking and Health
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control
1600 Clifton Road, NE., Mailstop K-50
Atlanta, GA 30333
(404) 488-5708

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Tobacco Intervention: smoking prevention and cessation programs in community-based addition treatment settings.	3	3.4 3.7 3.10 3.13 3.15		ADAMHA/OTI	91	$10,000-$50,000		
Academic Centers for Prevention Research: research funding for health promotion and/or disease prevention projects, that have collaborative ties with other groups and a commitment to evaluation of efficacy and effectiveness; two centers include physical activity studies.	3 1 2 15 16		1R 2R 3R 15R 16R	CDC/NCCDPHP	91	See PA 15.	M	Y A O
Reduction of Tobacco Use: expansive program to reduce the prevalence of tobacco use through media campaigns, assistance to States, and dissemination of the most current data on tobacco use trends and research findings.	3	3.1-3.16		CDC/NCCDPHP	91	$1,000-$5,000		
Preventive Health and Health Services Block Grant (Health Education and Risk Reduction Program): indirect services (media campaigns, education, consulting) in nutrition, smoking cessation, alcohol misuse prevention, and exercise to prevent premature morbidity and mortality.	3 1 2 4 8	1.3-1.5 1.7 2.3 4.8 8.10 15.1 15.2		CDC/NCCDPHP	91	See PA 8.	M	Y A
Minority Infant Mortality Reduction: activities include surveillance, risk assessment, research into racial disparities in infant mortality and low birth weight, prenatal smoking cessation, and nutrition status assessment.	3 14	3.4 3.7 14.1 14.5 14.6 14.10		CDC/NCCDPHP	91	See PA 14.	M	I
Prenatal Smoking Cessation Projects: State and local health departments plan, implement, and evaluate prenatal smoking cessation programs.	3 14	3.4 3.7 14.10		CDC/NCCDPHP	91	See PA 14.		
National Vital Statistics System (NVSS): collection and publication of data on births, deaths, marriages, and divorces in the United States; followback and other surveys based on the NVSS will also provide information on progress toward the objectives.	3		1S 2S 3S 4S 5S 7S 8S 9S 13S 14S 15S 16S 17S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
National Health and Nutrition Examination Survey: collection and publication of data on the nutritional and medical status of the United States noninstitutionalized population.	3		1S 2S 3S 11S 13S 15S 16S 17S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All

Related Issue Codes:
R=Research
S=Surveillance
P=Personnel
G=General

Special Population Codes:
B = Blacks
H = Hispanics
A = Asians/Pacific Islanders
I = American Indians
M = Minorities
L = People with Low Incomes
F = Women
D = People with Disabilities
R = Rural or Migrant Farm Workers

Age Group Codes:
I = Infants
C = Children
Y = Adolescents/Young Adults
A = Adults
O = Older Adults

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
National Health Interview Survey: collection and publication of survey data on personal and demographic characteristics, illnesses, injuries, impairments, chronic conditions, use of health resources, and other health topics.	3		1S 2S 3S 6S 8S 9S 13S 14S 15S 16S 17S 18S 20S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
Oral Cancer Prevention: development and distribution of a primary prevention project for young elementary school-aged children to reduce the use of smokeless tobacco.	3 13 16	3.9 13.9 16.6		CDC/NCPS	91	See PA 13.		C
Oral Cancer Control and Prevention: monitor State-specific information reported in the Behavioral Risk Factor Surveillance System (BRFSS) on smokeless tobacco usage, knowledge, and attitudes concerning risk.	3 13 16	3.9 13.7 16.1 16.6 16.10	13R 16R	CDC/NCPS CDC/NCCDPHP	91	See PA 13.		
Oral Cancer Screening and Anti-Tobacco Counseling: in a migrant health center program, health risk appraisals and oral cancer screenings are used in assessing the use of tobacco products and in counseling patients in tobacco cessation or reduction.	3 13	3.16 13.7		HRSA/BHCDA	91	<$100	R	
Collaboration with American Stop Smoking Intervention Study (ASSIST) in Missouri: collaboration in policy development, culturally appropriate media campaigns, and promotion of smoking cessation programs; other initiatives include the Appalachia Leadership Initiative on Cancer.	3	3.1-3.3 3.5 3.16		HRSA/BHCDA	91	<$100		A
Smoking Cessation Education: anti-smoking education is among scheduled health promotion and disease prevention activities; target groups include older people in 30 Area Health Education Centers (AHECs).	3	3.1-3.3 3.6		HRSA/BHPr	91	Funded under AHECs grant.		Y A O
Healthy Start: presidential infant mortality reduction initiative involving 15 communities, includes tobacco cessation intervention for women of childbearing age.	3 14	3.4 14.1	14R	HRSA/MCHB	91	See PA 14.		I
Reducing Risk Behavior Among Adolescents and Young Women: includes smoking cessation (part of Special Projects of Regional and National Significance (SPRANS)); other projects include: intervention services to reduce cigarette smoking which adversely affects pregnancy outcomes; smoking relapse prevention; Perinatal Substance Abuse; and Maternal Smoking and Vitamin/Antioxidant Status (total SPRANS funding shown).	3	3.5-3.8		HRSA/MCHB	91	$5,000-$10,000		Y A
Grants for Projects to Decrease Substance Abuse: projects include tobacco use among pregnant and postpartum women; women's health issues are also addressed through community-based comprehensive health programs.	3	3.1-3.3 3.7 3.8		HRSA/MCHB	91	$500-$1,000		Y A
Participation in National Conference to Involve Local Health Departments in Tobacco Prevention strategies: cooperative effort with CDC, NIH/NHLBI, and the Association of State and Territorial Health Officials.	3	3.1 3.2 3.14 3.16		HRSA/MCHB	91	<$100		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Free and Low-cost Smoking Cessation Materials for Older Adults: supported through active participation National Task Force on Smoking Cessation in Older Adults.	3	3.1-3.3 3.6		HRSA/OPEL HRSA/BHCDA	91	<$100		A
Collaborative effort between the National Cancer Institute and the American Cancer Society: to implement comprehensive smoking programs in 17 States.	3	3.1-3.15		NIH/NCI	91	<$100		
Task Force for Health Promotion and Disease Prevention for Older Adults: information on free and low-cost materials to encourage older adults to stop smoking; information is disseminated to the Community and Migrant Health Centers and the Health Care for the Homeless projects and is targeted to patients as well as providers.	3	3.1-3.4 3.6		NIH/NCI	91	<$100		O
Cancer Control Science: State and local health department-run smoking cessation programs working to identify barriers to cancer control and to find the most effective ways to reduce or eliminate barriers.	3 16	3.4 3.6 3.16 16.1 16.6		NIH/NCI	91	See PA 16.	M	
Cancer Control Sciences Program in Tobacco: State and local health department-run smoking cessation programs working to identify and apply the best intervention methods; training programs in tobacco control to help physicians and dentists assist their patients; program development for schools and worksites; intervention trails of new methods for smoking prevention and cessation; and development of interventions for smokeless tobacco use.	3 16	3.4 3.6 3.16 16.1 16.6		NIH/NCI	91	See PA 16.	M	
Physician Training for Cessation Counseling: program to train 100,000 primary care providers in counseling smokers to promote smoking cessation.	3 16 21	3.16 16.1 16.2 16.10 21.2		NIH/NCI	91	$5,000-$10,000		
Task Force for Health Promotion and Disease Prevention for Older Adults: information on free and low-cost materials to encourage older adults to stop smoking; information is disseminated to the Community and Migrant Health Centers and the Health Care for the Homeless projects and is targeted to patients as well as providers.	3	3.1-3.4 3.6		NIH/NCI	91	<$100		O
Tobacco Use Prevention Research: nicotine dependence, cigarette availability, passive smoking, and lung cancer are important aspects of intervention research being investigated using NCRR's resources.	3		3R	NIH/NCRR	91	$100-$500		
Community-Based Risk Reduction Research Demonstration Studies: three investigator-initiated community-based research and demonstration programs established in 1981 to develop and assess the effectiveness of community-based programs to prevent atherosclerotic heart disease by modifying behaviors and therefore risk factors that contribute to the development of this disease; specific risk factor targets include smoking, cholesterol-elevating diets, high blood pressure, obesity, and physical inactivity.	3 1 2 8 15	1.2-1.5 2.3 3.4 8.12 8.13 15.4-15.6	1R 2R 3R 8R 15R	NIH/NHLBI	91	See PA 15.		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
NHLBI Minority Research Training and Career Development Programs: programs to encourage minority researchers and faculty to develop research skills in areas related to heart, lung, and blood diseases and transfusion medicine.	3 1 15 17 18 21	21.8	1P 3P 15P 17P 18P 21P	NIH/NHLBI	91	See PA 15.		
NHLBI Programs on Tobacco Use: research related to the effects of tobacco use on the development of cardiovascular disease and chronic pulmonary disease, and development of educational programs to decrease the use of tobacco, with particular emphasis on minority populations and women.	3 15 17	3.1 3.3-3.8 3.10 3.11 3.16	3R 15R 17R	NIH/NHLBI	91	$10,000-$50,000	F M	Y O
NHLBI Smoking Education Program: program to reduce death and disability from cardiovascular disease and the incidence of chronic pulmonary disease by decreasing the number of smokers, particularly older Americans and adolescents, through promotion of smoking cessation strategies and establishment of tobacco-free environments.	3 8 15 17	3.1 3.3-3.5 3.10 8.1 8.8 8.10 15.1 15.12 17.1 17.2		NIH/NHLBI	91	$100-$500		Y O
Smoking Cessation Strategies for Minorities: research initiative to test minority-specific strategies for recruitment to smoking cessation, for achieving cessation, and/or for maintaining smoking abstinence.	3 15	3.1 3.3-3.7 3.10 15.1 15.12	3R	NIH/NHLBI	91	$1,000-$5,000	M	
Lung Health Study: trial to determine effects of "special care" (smoking cessation counseling, bronchodilator administration, and diligent follow-up) with "usual care" on decline in pulmonary function in smokers with mild abnormalities in function.	3 16 17	3.3 3.4 16.6 17.1 17.2	3R 17R	NIH/NHLBI	91	$5,000-$10,000		A
NHLBI Cancer-Related Research: studies related to the interface between cancer and diseases of the heart, lungs, and blood.	3 2 16	16.6 16.7	2R 3R 16R	NIH/NHLBI	91	See PA 16.		
Specialized Centers of Research in Chronic Diseases of the Airways: research centers conducting basic, applied, and clinical research on diseases such as emphysema, chronic bronchitis, and asthma.	3 17	3.1 3.3 17.1 17.2 17.4		NIH/NHLBI	91	See PA 17.		
Cardiovascular Health Study: research to investigate risk factors for coronary heart disease and stroke in older adults, including the factors association with preclinical cardiovascular diseases and the social and psychologic circumstances surrounding a cardiovascular event.	3 1 2 6 15	1.1 1.3 1.4 2.1 3.1 6.5 15.1 15.6 15.8	1R 2R 3R 6R 15R	NIH/NHLBI	91	See PA 15.	D	O
Coronary Risk Development in Young Adults (CARDIA): a prospective epidemiologic investigation of the precursors and determinants of coronary heart disease (CHD) risk factors and their evolution over time in a biracial cohort of young men and women (aged 18-30).	3 1 2 15	1.1 1.3 1.4 2.1 2.3 2.5 3.1 15.1 15.2 15.6 15.8	1R 2R 3R 4R 15R	NIH/NHLBI	91	See PA 15.	B	Y

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Framingham Heart Study: continuation of longitudinal investigation, initiated in 1948 in Framingham, Massachusetts, of constitutional and environmental factors influencing the development of cardiovascular disease in men and women free of these conditions at the outset. Periodic exams on the surviving members of the original cohort, their offspring, and of the spouses of the offspring (total subjects = 10,344), provide information on physical activity, blood pressure, diet, body weight, occupational history, psychosocial factors, and personal habits such as smoking. Endpoints include coronary heart disease, stroke, hypertension, congestive heart failure, and peripheral arterial disease. Inclusion of offspring in the study allows assessment of familial and genetic factors as determinants of these diseases.	3 1 2 15	1.1 1.3-1.5 15.1 15.2	1R 1S 2R 3R 15R 15S	NIH/NHLBI	91	See PA 15.		A
Child and Adolescent Injury: research to develop, study, and evaluate interventions to reduce and prevent injuries to children and to better address the array of risk-taking behaviors of adolescents such as smoking, drug use, unprotected sexual activity, and injury producing behavior.	3 5 9 19	3.5 5.6 9.3 9.5 9.6 9.8 9.12 19.10		NIH/NICHD	91	See PA 9.		C Y A
Smokeless Tobacco Use: research to understand the impact of smokeless tobacco on the oral cavity and to develop methods of reducing use.	3 13	3.9 13.7	3R	NIH/NIDR	91	$500-$1,000		Y A
Healthy People 2000 Coordination: PHS-wide coordination and staff support for Assistant Secretary for Health's review and oversight of PHS activities to achieve the Healthy People 2000 objectives.	3	3.1-3.16		OASH/ODPHP	91	<$100		
Other Federal Agencies with Programs for Tobacco: Department of Defense.	3				91			
Other Federal Agencies with Programs for Tobacco: Department of Education.	3				91			
Other Federal Agencies with Programs for Tobacco: Department of the Treasury.	3				91			
Other Federal Agencies with Programs for Tobacco: Department of Veterans Affairs.	3				91			
Other Federal Agencies with Programs for Tobacco: Federal Trade Commission.	3				91			

4. Alcohol and Other Drugs

Introduction

Abuse of alcohol and other drugs remains a significant problem, especially for youth and for members of certain high-risk groups. Substance abuse contributes to motor vehicle crashes and to violence, two of the leading causes of death and disability among young people. Reducing the age at which young people first use alcohol and other drugs and changing individuals' perceptions about the risks associated with abuse of these substances are major foci of the objectives in this priority area. Although alcohol and other drug abuse appears to be declining among the general population, substance abuse among some groups is on the rise, especially in urban areas and among our most vulnerable populations.

Action Summary

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) is the Lead PHS Agency for efforts to achieve the Healthy People 2000 Alcohol and Other Drug objectives. The PHS strategy for accomplishing the objectives includes several components: research and service demonstrations regarding the etiology and prevention of substance abuse; vulnerability, and preventive mechanisms; professional education to train researchers and service providers; public education campaigns to increase awareness of alcohol and other drug problems and promote acceptance of prevention and treatment services; and partnerships with Federal and non-Federal partners including State and local organizations and community groups.

Research is targeted on studies to identify the etiology and vulnerability mechanisms of addictive disorders. Research is also focused on identifying the most effective preventive interventions and cost efficient treatment. Research efforts focus on high-risk youth, pregnant women and women of childbearing age, minority populations, and people with mental disorders who are at risk for substance abuse. Special attention to research on the use of gateway drugs and perceptions of harm and social disapproval are providing a comprehensive knowledge base that can be used to formulate demonstration programs.

PHS demonstration programs target high-risk groups and are expanding demonstrations in communities, jails, residential programs, and public and private health-care settings. A comprehensive long-term approach to alcohol and other drug abuse prevention has been developed. Community- and client-oriented programs emphasize the needs of individuals in high-risk environments, while systems-oriented programs help communities develop comprehensive, coordinated prevention programs.

A high priority of PHS is the recruitment, retention, and development of substance abuse professionals. ADAMHA supports the National Training System, which provides comprehensive training for professionals to expand interest in this area.

Public education campaigns have also been developed and widely used to dispel many of the widespread myths about use of alcohol and other drugs. Some examples of public education campaigns include a multi-media campaign on the prevention of injuries and fatalities from alcohol-impaired driving, a national interactive video teleconference about youth empowerment and student safety, a national billboard campaign in urban and other areas aimed at youth, a "Spring Break" information campaign focused on college youth, and other public education campaigns. In addition to public education, ADAMHA supports a National Clearinghouse for Alcohol and Drug Information (NCADI) that is the Federal repository for information on alcohol and other drugs. Publications available through NCADI include technical reports, research monographs, health services reports, evaluation guides, posters, and visual and print materials for use by professionals and the public. PHS is also encouraging States and communities to adopt the objectives and to begin programs to ensure their achievement.

Partnerships for Healthy People 2000

Collaborating agencies of the Public Health Service include ADAMHA, the Centers for Disease Control (CDC), the Health Resources and Services Administration (HRSA), and the Indian Health Service (IHS). Collaborating agencies outside PHS include the Administration for Children, Youth, and Families, the Department of Housing and Urban Development, the Department of Labor, the Department of Education, the Department of Justice, and the National Highway Traffic Safety Administration in the Department of Transportation. PHS is also working closely with the National Association of State Alcohol and Drug Abuse Directors and directly with several State and local alcohol and drug abuse directors to facilitate State and community projects. Other partners include the Robert Wood Johnson Foundation, the Partnership for a Drug Free America, the Best Foundation, the President's Drug Advisory Council, the National Crime Prevention Council, the United Way, and the Child Welfare League of America.

Priority Issues of Future Action

To achieve the Alcohol and Other Drugs objectives, PHS and its partners in support of this priority area will give particular attention to the following issues for future action:

- Enhancement of collaboration among education, law enforcement, judicial, substance abuse, and public health systems to ensure the most efficient targeting of resources and a consistency of approaches to deal with prevention and treatment of alcohol and other drug abuse.
- Determination of more effective educational and programmatic interventions to prevent initiation of alcohol and other drug use by young people and dissemination of these approaches through schools and community organizations.
- Greater public awareness of the links between alcohol misuse and ill health through incorporation of education about alcohol and illicit drugs' links to injury and disease into the regular curricula of all schools and into adult information and education channels.
- Dissemination of model laws, regulations, and programmatic interventions that demonstrate effectiveness in reducing alcohol- and drug-related injuries.

For More Information . . .

Healthy People 2000 Alcohol and Other Drugs Coordinator
Office of the Associate Administrator for Prevention
Alcohol, Drug Abuse, and Mental Health Administration
5600 Fishers Lane/Rockwall II
Rockville, MD 20857
(301) 443-9351

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Womens' Health Issues: research to identify gaps in knowledge about women and alcohol, drug abuse, and mental disorders as well as barriers to inclusion of women in clinical research.	4		4G	ADAMHA	91	<$100		
Trauma Care: focus on the effect of alcoholism in trauma management and outcome; also, study of alcohol and its impact on hospital emergency room admissions.	4 9	9.2 9.22	4G	ADAMHA/NIAAA	91	See PA 9.		
Heavy Drinking and Marital Violence in Newlyweds: research and analysis.	4 7	7.5	4R 7R	ADAMHA/NIAAA	91	See PA 7.	F	Y
Hispanic Drinking and Intrafamily Violence: research on relationship between alcohol and the incidence of domestic violence.	4 7	7.4 7.5	4R	ADAMHA/NIAAA	91	See PA 7.	F H	C
Acute and Chronic Effects of Ethanol: research on alcohol seeking behavior, intoxication, tolerance, dependence, and relapse.	4		4R	ADAMHA/NIAAA	91	$10,000-$50,000		
Homelessness and Alcohol Problems: research, demonstration projects, information dissemination, and technical assistance activities to meet the needs of the homeless.	4	4.12		ADAMHA/NIAAA	91	$10,000-$50,000	L	
Reducing Access to Alcoholic Beverages among Youth: prevention research to determine if higher prices for beer would reduce the incidence of heavy and frequent drinking among youth; probable reduction in highway mortality is suggested.	4	4.16		ADAMHA/NIAAA	91	$100-$500		Y
Science-based Community Intervention Trials: research into effective ways of changing the behaviors that contribute to alcohol-related problems and to change the incidence or prevalence of the problems.	4	4.16-4.18		ADAMHA/NIAAA	91	$500-$1,000		
Treatment Outcome Research: research in areas such as alcoholism relapse prevention.	4		4R	ADAMHA/NIAAA	91	$100-$500		
Adolescent Drinking and Driving: analysis of drunk driving and risky driving among teenagers including the impact of adolescent attitudes and behaviors towards drinking and driving.	4 9	4.6 4.7 9.1-9.3		ADAMHA/NIAAA	91	See PA 9.		Y
Alcohol-Related Falls: study of gait, posture, and the role of alcohol in falls among older people.	4 9	9.2 9.4 9.7	4G	ADAMHA/NIAAA	91	See PA 9.		O
Driving Under the Influence: epidemiologic research to determine effective deterrents to DUI including in-vehicle BAC testing; the probability of DUI and public drunkenness; economic studies of DUI taxes and laws.	4 9	4.1 4.15 4.18 9.3		ADAMHA/NIAAA	91	See PA 9.		

Related Issue Codes:
R=Research
S=Surveillance
P=Personnel
G=General

Special Population Codes:
B = Blacks
H = Hispanics
A = Asians/Pacific Islanders
I = American Indians
M = Minorities
L = People with Low Incomes
F = Women
D = People with Disabilities
R = Rural or Migrant Farm Workers

Age Group Codes:
I = Infants
C = Children
Y = Adolescents/Young Adults
A = Adults
O = Older Adults

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Injury Prevention: studies of alcohol-related injuries and impaired functions including drownings, occupational hazards, pilot performance, and aviation safety; a national survey of drinking in aquatic settings will also be conducted.	4 9	4.14 9.1 9.2 9.5		ADAMHA/NIAAA	91	See PA 9.		
Alcohol Tolerance: psycho-biological studies of alcohol tolerance and adaptation among drinking drivers.	4 9	4.1 4.2 9.3		ADAMHA/NIAAA	91	See PA 9.		
Traffic Safety: relationship of age and attention to highway safety; the effect of alcohol advertising on highway fatalities; and a demonstration project of State legislation and traffic safety program.	4 9	4.1 4.17 9.1 9.3		ADAMHA/NIAAA	91	See PA 9.		
Prevention of Disease through Behavior Modification: studies of specific populations taking demography into account as a means of developing better prevention programs for groups such as HIV-infected individuals and poly-drug users.	4 18	4.12 18.5 18.6 18.12	18R	ADAMHA/NIDA	91	>$100,000		
Maternal Drug Abuse Amelioration: techniques and interventions are being designed to ameliorate the developmental effects of prenatal drug abuse.	4 14	4.12 14.10		ADAMHA/NIDA	91	$100-$500		I
Workplace Drug Abuse Policy: interdisciplinary research program on drugs in the workplace; activities are related to drug-free workplace policy, program development, implementation, and assessment.	4	4.14		ADAMHA/NIDA	91	$1,000-$5,000		
Workplace Program: applied research program to evaluate procedures to meet the goal of a drug free workplace.	4	4.14		ADAMHA/NIDA	91	$1,000-$5,000		A
Drug Treatment Programs: funds for States and local providers to help improve drug treatment programs; particular emphasis is on coordination of services and treatment for at-risk populations.	4	4.12		ADAMHA/OTI	91	$10,000-$50,000		
Drug Abuse Epidemiology: research and surveys on the incidence, prevalence, morbidity, mortality, and other adverse health consequences of illicit drug use.	4 22	22.2 22.3 22.5 22.7	22S 4S	ADAMHA/NIDA	91	$10,000-$50,000		
Drug Abuse Prevention: evaluation of five of types of programs including knowledge only, affective education, peer education, knowledge plus affective education, and alternatives.	4	4.13	4R	ADAMHA/NIDA	91	>$100,000		
Drug Abuse Programs for Special Populations: research, outreach, and education/training to address needs of special populations, including women.	4 7	4.5 4.8-4.11 4.13 7.4		ADAMHA/NIDA	91	>$100,000	M	
Drug Abuse Treatment Effectiveness: evaluation of treatment, including psychosocial, biologic (medications), and health services.	4		4R	ADAMHA/NIDA	91	>$100,000		
Neuroscience Research: research into brain processes and into biological effects of drugs.	4		4R	ADAMHA/NIDA	91	$50,000-$100,000		
Treatment Outcome Research: research into coordinated, multi-faceted, long-term approaches to preventing substance abuse, especially among special populations.	4	4.2		ADAMHA/NIDA ADAMHA/NIAAA	91	$1,000-$5,000	M	

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Primary Care Provider/Substance Abuse Linkage Initiative: program to increase awareness of disorders by health care providers, appropriate addiction intervention, and encourage professionals to seek professions in the addiction treatment field.	4 14	4.8 4.19 14.10		ADAMHA/OTI	91	$5,000-$10,000		
Mental Disorders Epidemiologic Study: research into psychiatric disorders, substance abuse/dependence, and methods of identifying risk factors these disorders.	4 6	4.5-4.8 6.3 6.4	6R	ADAMHA/NIMH	91	See PA 6.	M	
Report of the Task Force on Homelessness and Severe Mental Illness: a national strategy for developing an integrated service system for homeless people with severe mental illness.	4 6	4.12 6.4-6.7	4R 4P 6R 6P	ADAMHA/NIMH	91	See PA 6.	D	
Projects for Assistance in Transition from Homelessness: State grants to provide mental health services and housing to severely mentally ill homeless people and those with co-occurring disorders of substance abuse.	4 6	4.12 6.4-6.7	4P 6R 6P	ADAMHA/NIMH	91	See PA 6.	D	
Mental Health Research for Homeless People: an initiative to develop knowledge about the prevalence, etiology, and treatment of severe mental illness among homeless individuals.	4 6	4.12 6.4-6.7	4R 6R 6S	ADAMHA/NIMH	91	See PA 6.	D	
Children and Adolescent Mental Health Services Research: research to improve mental health services, systems, and outcomes for children and adolescents.	4	4.7	4R	ADAMHA/NIMH	91	$1,000-$5,000		C A
Mental Health Services Research on Co-morbidity of Mental Disorders with Alcohol and Other Drug Abuse: research to improve identification and treatment for individuals with co-occurring mental and substance abuse disorders.	4	4.2 4.3 4.12 4.19		ADAMHA/NIMH	91	$1,000-$5,000		
Community Action/Mobilization Programs: working to reach community members through targeted promotion campaigns, media involvement, and networking. (Figures are the total for demonstration programs)	4 8	4.12 8.13		ADAMHA/OSAP	91	>$100,000		
Substance Abuse Prevention Training: training to enhance skills of health care providers and improve delivery services of community-wide prevention programs.	4 8	4.12 4.19 8.10		ADAMHA/OSAP	91	$1,000-$5,000		
Drug Abuse Prevention: controlled evaluation of the effectiveness of prevention in a variety of settings, including schools, communities, and workplaces.	4 8	4.13 4.14 8.10		ADAMHA/OSAP	91	$500-$1,000	L M	Y C
High-Risk Youth Program: demonstration projects that promote prevention and diminish risk factors for using alcohol and drugs by strengthening community-based programs and training providers in prevention.	4	4.5 4.10 4.13 4.19		ADAMHA/OSAP	91	$100-$500		Y
Media and Communication Campaigns: public information about the effects of alcohol and other drug abuse and how to prevent such abuse; particular emphasis on preteens and early adolescents.	4 8	4.10 8.13		ADAMHA/OSAP	91	$10,000-$50,000		Y

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Public and Community Action: promotion of networking at the international, national, State, and local levels to encourage substance abuse prevention.	4	4.8 4.19		ADAMHA/OSAP	91	$100-$500		
Substance Abuse Prevention: community training programs to reach high-risk populations such as youth at high risk of suicide.	4 6 7	4.5 6.1 7.2		ADAMHA/OSAP	91	$500-$1,000		Y
Alcohol and Drug Abuse Prevention Among Racial and Ethnic Populations: targeted culturally relevant demonstration programs focusing on education and prevention.	4 8	4.13 8.11		ADAMHA/OSAP	91	$1,000-$5,000	M	
Community Intervention Trials: using community-based services, trials are being conducted to uncover the most effective ways of reducing substance abuse-related problems in communities.	4		4R	ADAMHA/OSAP	91	>$100,000		
Community Partnerships: focus on development of comprehensive, collaborative, substance abuse prevention programs that emphasize local involvement.	4	4.12	4R	ADAMHA/OSAP	91	$100-$500		
Community Youth Activity Program for High-risk Youth: demonstration projects for early intervention for youth who have already tried drugs (total CYAP block grant funds).	4	4.6 4.9 4.10		ADAMHA/OSAP	91	$1,000-$5,000		Y
Pregnant and Postpartum Women and Their Infants Grant Program: focus on prevention and treatment for pregnant and postpartum women and their infants as well as young women of prechildbearing age; projects offer nutritional education and counseling, alcohol and other drug use prevention and treatment, comprehensive mental health and substance abuse services, HIV/AIDS education, counseling, testing, sexually transmitted disease prevention/treatment, and clinical preventive services.	4 2 6 18 19 21	2.10 2.11 6.1-6.9	4G 18G 19G 21G	ADAMHA/OSAP	91	$10,000-$50,000		I C Y A
Urban Youth Campaign, "By Our Own Hands:" public information initiative on prevention of alcohol and other drug use among high-risk black youth aged 9 through 13, in the top 12 black media markets.	4 8	4.5 4.6 4.9 4.10 8.11		ADAMHA/OSAP	91	$1,000-$5,000	B	C Y
National Clearinghouse for Alcohol and Drug Information (NCADI): center for referral of information on alcohol and other drugs for consumers and professionals; coordination of 400 member Regional Alcohol and Drug Awareness Resource (RADAR) Network; media outreach, intermediary development, training, exhibit and loan programs.	4	4.1 4.5-4.10		ADAMHA/OSAP	91	$1,000-$5,000		
Training for Prevention and Treatment Providers: system to identify, assess, and deliver training for health professionals on alcohol and drug abuse, especially in communities with high-risk populations.	4		4P	ADAMHA/OSAP ADAMHA/OTI	91	$10,000-$50,000		
Drug Treatment Programs: funds for States and local providers to help improve drug treatment programs; particular emphasis coordination of services and treatment for at-risk populations.	4	4.12		ADAMHA/OTI	91	$10,000-$50,000		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Improved Drug Treatment Initiatives: linkage of primary care providers to treatment systems, development of guidelines for treatment of critical populations, and training of treatment staff.	4	4.19		ADAMHA/OTI	91	$100-$500		
Treatment in Criminal Justice Settings: demonstration grants for drug abuse treatment in criminal justice settings (both incarcerated and non-incarcerated individuals).	4	4.6 4.12		ADAMHA/OTI	91	$10,000-$50,000		
Activity Program for Disadvantaged Youth: determine effectiveness of early drug treatment for disadvantaged youth who are generally in early stages of substance use/addiction.	4	4.6 4.9 4.10 4.12		ADAMHA/OTI	91	$500-$1,000		Y
Drug Treatment Programs in Campus Settings: service demonstration grants that allow for multiple service providers to occupy a common facility and share centralized services such as intake, food service, and recreation.	4	4.12		ADAMHA/OTI	91	$10,000-$50,000		Y
Capacity Expansion Program: expansion of addiction treatment capacity for high-risk individuals in high incidence jurisdictions.	4	4.3 4.4 4.8		ADAMHA/OTI	91	$5,000-$10,000		
ADMS Block Grant: indirect services through use of prevention set aside and substance abuse outreach, HIV/AIDS eduction, general health and nutrition.	4 8 18	4.3 4.13 8.1 8.11 18.9		ADAMHA/OTI	91	>$100,000		
Preventive Health and Health Services Block Grant (Health Education and Risk Reduction Program): indirect services (media campaigns, education, consulting) in nutrition, smoking cessation, alcohol misuse prevention, and exercise to prevent premature morbidity and mortality.	4 1 2 3 8	1.3-1.5 1.7 2.3 3.4 4.8 8.10 15.1 15.2		CDC/NCCDPHP	91	See PA 8.	M	Y A
Incentive Grants for Injury Control: grants to States for community-based injury control programs.	4 9	4.1 9.1 9.2	9G	CDC/NCEHIC	91	See PA 9.		
National Vital Statistics System (NVSS): collection and publication of data on births, deaths, marriages, and divorces in the United States; followback and other surveys based on the NVSS will also provide information on progress toward the objectives.	4		1S 2S 3S 4S 5S 7S 8S 9S 13S 14S 15S 16S 17S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
HIV Population-Based Research: natural history, transmission, risk factors related to intravenous drug abusers.	4 18	18.1 18.2 18.5 18.6	4R 18R	CDC/NCID	91	See PA 18.		
Prevention of Parenteral HIV Transmission: efforts include counseling/testing/referral services available for those seeking treatment for intravenous drug use and supporting street outreach programs for prevention.	4 18	4.12 18.9 18.12		CDC/NCPS	91	See PA 18.		
HIV Information, Education, and Preventive Services: grants to States for HIV Prevention among drug abusers.	4 18	4.12 18.5 18.6		CDC/NCPS	91	See PA 18.		
Monitoring of Substance Abuse: investigation of the abuse of new chemical substances and monitoring of methadone treatment programs.	4	4.11 4.12 4.19		FDA/OAR	91	$5,000-$10,000		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Health Care for the Homeless Program: delivery of alcohol and substance abuse services to homeless people.	4	4.12		HRSA/BHCDA	91	$5,000-$10,000	L	
Health Professions Training and Education: programs to strengthen curriculum and to encourage training for primary care providers in health care problems associated with drug abuse, alcohol abuse, and alcoholism.	4	4.19	4P	HRSA/BHPr	91	$1,000-$5,000		A
Adolescent Training Grants: prepare individuals from several disciplines to become health care leaders to meet the challenges of a variety of adolescent health issues, including physical fitness.	4 1 5	1.3-1.6 4.5-4.11 5.1-5.11		HRSA/MCHB	91	See PA 5.		Y
Fetal Alcohol Syndrome: programs to reduce fetal alcohol syndrome among American Indians by reducing alcoholism using community education and involvement.	4 14	4.8 14.4 14.10		IHS	91	See PA 14.	I	I
Fetal Alcohol Syndrome Among American Indians: community-based effort includes family planning education, screening, prenatal care, referral, service, and training programs.	4 5 14	4.8 5.2 5.7 14.4 14.15 14.11		IHS	91	See PA 14	I	I
American Indian Anti-drug Abuse Activities: renovation and operation of youth regional treatment centers (including follow-up programs), expansion of community education, and training of community leaders, health care providers, and IHS staff in drug abuse prevention and treatment.	4	4.12 4.13 4.19	14P	IHS	91	$50,000-$100,000	I	
Substance Abuse Activities Management Plan: examination of the prevalence of alcohol/substance abuse among women and youth and evaluation of the effectiveness of the treatment systems.	4	4.8 4.12		IHS	91	<$100	F I	Y
Early Intervention Projects: alcohol and substance abuse prevention programs for high-risk children aged 3 through 8.	4	4.5 4.12		IHS	91	$100-$500	I	C
Health Services for Youth: services for teenagers through health programs sensitive to specific needs of American Indians, such as alcohol and drug use and abuse, sex education, and nutrition information.	4 2 5 8	2.3 4.13 5.7 8.11		IHS	91	See PA 8.	I	Y
American Indian Injury Prevention Activities: initiatives include community injury control, alcoholism, and tribal and community education.	4 9	4.1 4.8 9.1 9.2		IHS	91	See PA 9.	I	
Alcohol and Other Drugs Prevention Research: research into behavioral problems, screening methods, and treatment of alcoholics and drug abusers.	4		4R	NIH/NCRR	91	$100-$500		
National High Blood Pressure Education Program: collaborative effort to reduce hypertension in high-risk groups through increased awareness of the value of maintaining proper weight, limiting intake of salt and alcohol, exercising, and following recommendations of physicians in complying with treatment regimens.	4 1 2 8 15 21	1.1-1.3 2.1 2.3 2.5 2.9 4.8 8.1 15.1 15.6-15.9 21.2 21.5 21.6		NIH/NHLBI	91	See PA 15.	M B	A

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
NHLBI Programs on Alcohol Use: research to investigate the associations of alcohol use with the development of cardiovascular disease and development of education programs to reduce consumption of alcohol with particular emphasis on minority populations and women.	4	4.5 4.6 4.8	4R	NIH/NHLBI	91	$1,000-$5,000	F M	
Trial of Alcohol Restriction in the Treatment of Mild Hypertension: initiative to determine the effects of restricting alcohol on patients with mild hypertension.	4 15	4.8 15.1-15.3	4R 15R	NIH/NHLBI	91	See PA 15.		A
Child and Adolescent Trial for Cardiovascular Health: research project to measure effectiveness of school-based risk reduction interventions involving three components: cardiovascular curriculum, parent participation, and environmental changes in the school.	4 1 2 3 8 15	1.1-1.6 1.9 2.7 3.5 3.8 8.4 15.1 15.2	1R 2R 3R 4R 8R 15R	NIH/NHLBI	91	See PA 15.	B H	C Y
Prenatal Care Research: focus on fetal effects of drug use during pregnancy and interventions to eliminate drug use by high-risk women.	4 14	4.3 14.10	4R	NIH/NICHD	91	See PA 14.		
Healthy People 2000 Coordination: PHS-wide coordination and staff support for Assistant Secretary for Health's review and oversight of PHS activities to achieve the Healthy People 2000 objectives.	4	4.1-4.19		OASH/ODPHP	91	<$100		
Minority Community Health Coalition Grant Program: grant awards to help local communities target major causes of death and attendant risk factors, including violence, alcohol and drug use, infant mortality, and cancer.	4 7 14 15 16 18	4.3 4.8 7.1 14.1 14.5 15.1-15.3 16.1 18.1 18.2		OASH/OMH	91	See PA 7.	M	
Family Planning Substance Abuse Training: special training on the recognition, counseling, and treatment of substance abuse among family planning clients, provided under an agreement with ADAMHA/OTI.	4 5 14 18 19		4P 5P 14P 18P 19P	OASH/OPA ADAMHA/OTI	91	$500-$1,000		Y A
Other Federal Agencies with Programs for Alcohol and Other Drug Abuse: Department of Agriculture.	4				91			
Other Federal Agencies with Programs for Alcohol and Other Drug Abuse: Department of Defense.	4				91			
Other Federal Agencies with Programs for Alcohol and Other Drug Abuse: Department of Education.	4				91			
Other Federal Agencies with Programs for Alcohol and Other Drug Abuse: Department of the Interior.	4				91			
Other Federal Agencies with Programs for Alcohol and Other Drug Abuse: Department of Justice.	4				91			
Other Federal Agencies with Programs for Alcohol and Other Drug Abuse: Department Transportation.	4				91			
Other Federal Agencies with Programs for Alcohol and Other Drug Abuse: Department of the Treasury.	4				91			

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Other Federal Agencies with Programs for Alcohol and Other Drug Abuse: Department of Veterans Affairs.	4				91			
Other Federal Agencies with Programs for Alcohol and Other Drug Abuse: Federal Trade Commission.	4				91			

5. Family Planning

Introduction

Family planning is the process used by individuals to determine a desired number and spacing of children and also the process individuals use to achieve this desired goal. Family planning, in its fullest sense, is a complex process that necessarily encompasses many aspects of an individual's behavior and that may continue over several decades of an individual's life. In addition to decisions about child-bearing, adoption, and the use or nonuse of contraceptive methods, family planning also entails decisions about sexual behavior that affect reproductive health, general physical health, emotional health, and economic well-being.

Despite the fundamental importance of family planning decisions to individuals and society as a whole, problems attendant to poor family planning exert a tremendous toll on the Nation. In 1988, more than half of American women surveyed reported that their pregnancies in the last five years had been mistimed or unwanted. The problem is most pressing among young people. More than three out of four young women and 85 percent of young men have had sexual intercourse by age 20. Each year one in ten young women in this age group becomes pregnant; an estimated 84 percent of these pregnancies are unintended.

Action Summary

The Office of Population Affairs (OPA), the Lead PHS Agency for efforts to achieve the *Healthy People 2000* Family Planning objectives, has a three-part strategy for achieving the objectives. The first part requires the cooperation of all segments of society: to promote the role of individual responsibility in family planning. Only individuals and couples can set or achieve family planning goals. The actions of government and social organizations should promote the acceptance of personal responsibility by individuals. This idea of family planning as a personal responsibility can be inculcated through the media and through existing social and educational networks. Government agencies and social organizations may, as a secondary role, devote resources to facilitate responsible decision-making by individuals.

The second facet of the strategy for achieving the Family Planning objectives is intragovernmental. This facet calls for expanded cooperation among government agencies to reach segments of the society that need assistance in achieving their Family Planning objectives. Examples of this cooperation are joint efforts by providers of family planning and substance abuse services to help people with substance abuse problems receive comprehensive family planning services.

The third facet of the strategy is to redirect current programs that help individuals carrying out family planning decisions toward populations, such as teenagers, that are sometimes ill equipped to make wise family planning decisions. In working to achieve the *Healthy People 2000* Family Planning objectives, it is not useful to treat teenagers in the same manner as adult clients. As part of this new focus, family planning programs should develop methods that are sensitive to the special needs of teens. The best approach in terms of the reproductive, psychologic, socioeconomic well-being of teenagers is abstinence from pre-marital sexual activity.

Partnerships for Healthy People 2000

In the provision of family planning services, OPA cooperates with a network of 85 grantee organizations. These include State and Territorial health departments, county and municipal governments, affiliates of the Planned Parenthood Federation of America (PPFA), nonprofit organizations, and other health and human service providers.

Partnerships to prepare personnel to offer family planning services exist between OPA and 16 organizations, including the National Association of Nurse Practitioners in Reproductive Health (NANPRH), affiliates of PPFA, the Center for Health Training, and other nonprofit educational organizations.

In the development of program guidance and clinical advice, OPA maintains contact and consults with the previously mentioned education organizations and relevant professional organizations including the American College of Obstetrics and Gynecology, State Family Planning Administrators (SFPA), the Ferre Institute, the Association for Voluntary Surgical Contraception, pharmaceutical companies, and other operating divisions of the Department of Health and Human Services.

Partnerships to reduce adolescent pregnancy or to reduce the harmful effects of adolescent pregnancy exist with 56 Adolescent Family Life grantee organizations including school districts, universities, national organizations such as the American Red Cross and the American Home Economics Association, as well as numerous community-based groups working on the problem of teen pregnancy. In addition, partnerships are maintained with such non-grantee groups as the National Committee for Adoption (NCFA), the National Organization for Adolescent Pregnancy and Parenting, and the National Healthy Mothers/Healthy Babies Coalition.

Priority Issues for Future Action

To achieve the Family Planning objectives, PHS and its partners in support of this priority area will give particular emphasis to the following issues for future action:

- Expanded partnerships with primary care provider organizations to improve the primary care capabilities and family planning counseling skills of primary care providers, with particular attention to age- and culture-sensitive counseling.
- Improved access to family planning services for disadvantaged populations, through such means as co-location of HIV/sexually transmitted diseases, family planning, primary care, and drug abuse services.
- Establishing a clearer focus for limited public family planning resources, by directing greater attention to helping people, such as adolescents, who are least able to make well-considered family planning decisions. In particular, efforts will be directed to discovering and replicating programs that are the most effective in modifying risk-taking behavior among adolescents.

For More Information . . .

Healthy People 2000 Family Planning Coordinator
Office of Population Affairs
Office of the Assistant Secretary for Health
Humphrey Building, Room 736E
200 Independence Avenue, SW.
Washington, DC 20201
(202) 245-0151

Technical Information
Office of Population Affairs
Office of the Assistant Secretary for Health
Humphrey Building, Room 736E
200 Independence Avenue, SW.
Washington, DC 20201
(202) 245-6335

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Adolescent Pregnancy: grants for research on family and other social factors related to adolescent pregnancy.	5 14	5.1 5.2 5.10 14.5 14.6 14.14		ADAMHA/NIMH	91	$100-$500	F L M B	Y
Clinical Preventive Services: testing and prophylactic medication and treatment for HIV, sexually transmitted diseases, tuberculosis, and hepatitis in community-based addiction treatment programs.	5 18 19 21	5.11 18.13 19.11 21.1 21.3 21.6		ADAMHA/OTI	91	See PA 21.		
Prevention of HIV in Women: research into barriers to effective use of contraception among target populations, to evaluate attitudinal factors related to use of contraception among HIV infected women, and to encourage behavioral change among HIV infected women to reduce risk of transmission.	5 14 18	5.6 18.4	5R 14R 18R	CDC/NCCDPHP	91	See PA 18.	F	Y A
National Survey of Family Growth: provides national data on the demographic and social factors associated with contraception, pregnancy, childbearing, adoption, and maternal and child health.	5 18 19		5S 18S 19S	CDC/NCHS	91	$5,000-$10,000	F	
National Vital Statistics System (NVSS): collection and publication of data on births, deaths, marriages, and divorces in the United States; followback and other surveys based on the NVSS will also provide information on progress toward the objectives.	5		1S 2S 3S 4S 5S 7S 8S 9S 13S 14S 15S 16S 17S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
HIV Population-Based Research: natural history, transmission, and risk factors related to sexual transmission.	5 18 19	18.1-18.4	5R 18R 19R	CDC/NCID	91	See PA 18.		
Family Planning Services with Primary Care: family planning services for people visiting Community and Migrant Health Centers for primary care services.	5	5.10 5.11		HRSA/BHCDA	91	$10,000-$50,000	L	Y A
Health Professions Training and Education: training programs in advanced nurse education preparation for community health and primary care nurses, focusing on family planning.	5	5.2 5.6 5.7 5.9		HRSA/BHPr	91	$100-$500		Y A
Adolescent Training Grants: prepare individuals from several disciplines to become health care leaders to meet the challenges of a variety of adolescent health issues, including physical fitness.	5 1 4	1.3-1.6 4.5-4.11 5.1-5.11		HRSA/MCHB	91	$500-$1,000		Y
Health Services for Youth: services for teenagers through health programs sensitive to specific needs of American Indians, such as alcohol and drug use and abuse, sex education, and nutrition information.	5 2 4 8	2.3 4.13 5.7 8.11		IHS	91	See PA 8.	I	Y

Related Issue Codes:
R=Research
S=Surveillance
P=Personnel
G=General

Special Population Codes:
B = Blacks
H = Hispanics
A = Asians/Pacific Islanders
I = American Indians
M = Minorities
L = People with Low Incomes
F = Women
D = People with Disabilities
R = Rural or Migrant Farm Workers

Age Group Codes:
I = Infants
C = Children
Y = Adolescents/Young Adults
A = Adults
O = Older Adults

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Fetal Alcohol Syndrome Among American Indians: community-based effort includes family planning education, screening, prenatal care, referral, service, and training programs.	5 4 14	4.8 5.2 5.7 14.4 14.15 14.11		IHS	91	See PA 14.	I	I
Family Planning Prevention Research: research models and funds to institutions to study contraception and infertility for improved family planning.	5		5R	NIH/NCRR	91	$1,000-$5,000		
Acute and Chronic Morbidity Attributed to Sexually Transmitted Diseases: research to combat complications such as infertility.	5 19	5.3	5R 19R	NIH/NIAID	91	See PA 19.		
Center for Population Research: research into fertility/infertility causes, new contraception methods, demographic and behavioral research relating to sexual activity and contraception, and AIDS prevention (primarily the development of new condoms).	5 18	5.3 18.1 18.2	5R 18R	NIH/NICHD	91	>$100,000		
Family Planning: four comprehensive research centers are being created in the area of contraceptive development and infertility; there will be five centers in fiscal year 1992.	5 14	5.3	14R	NIH/NICHD	91	$1,000-$5,000		
Infertility and Contraception: research on the problems of infertility, the development of new contraceptive methods, and the factors that go into a teenager's contraception decisions.	5	5.3 5.6 5.8	5R	NIH/NICHD	91	>$100,000		Y
Role of Contraceptives in Preventing Sexually Transmitted Diseases: research into relationship between contraceptives and sexually transmitted diseases.	5 19	5.6 19.10 19.14	19R	NIH/NICHD	91	$5,000-$10,000		
Child and Adolescent Injury: research to develop, study, and evaluate interventions to reduce and prevent injuries to children and to better address the array of risk-taking behaviors of adolescents such as smoking, drug use, unprotected sexual activity, and injury producing behavior.	5 3 9 19	3.5 5.6 9.3 9.5 9.6 9.8 9.12 19.10		NIH/NICHD	91	See PA 9.		C Y A
Environmental Research: focus on human diseases that have environmental components, such as cancer and reproductive problems.	5 11 16	5.3	5R 11R 16R	NIH/NIEHS	91	See PA 11.		
Healthy People 2000 Coordination: PHS-wide coordination and staff support for Assistant Secretary for Health's review and oversight of PHS activities to achieve the Healthy People 2000 objectives.	5	5.1-5.11		OASH/ODPHP	91	<$100		
Family Planning Services Program: funds for clinics that provide a broad range of effective family planning methods to help people, especially those with low incomes, to achieve their desired number and spacing of children.	5	5.1-5.3 5.6 5.7 5.10 5.11		OASH/OPA	91	>$100,000	L	Y A
Family Planning General Training Program: funds for regional training centers to provide training on clinical, counseling, and administrative issues for providers of family planning services.	5 14 18 19		5P 14P 18P 19P	OASH/OPA	91	$1,000-$5,000		Y A
Family Planning STD/HIV Training: special training on diagnosis, treatment, and counseling for sexually transmitted diseases, including HIV, is provided to Title X clinicians (under an agreement with the Centers for Disease Control).	5 14 18 19		5P 14P 18P 19P	OASH/OPA	91	$100-$500		Y

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Family Planning Nurse Practitioner Training program: funds for nationally accredited nurse practitioner training centers that prepare candidates for certification as nurse practitioners with a specialty in family planning.	5		5P	OASH/OPA	91	$1,000-$5,000		Y A
Family Planning Nurse Practitioner Accreditation Project: funds for the National Association of Nurse Practitioners in Reproductive Health to establish a nationwide accreditation process for family planning nurse practitioner programs.	5 14		5P 14P	OASH/OPA	91	<$100		Y A
Family Planning Research: research to improve the delivery of services in family planning clinics and support the National Survey of Family Growth, which provides data on sexual activity, contraceptive behavior, and childbearing.	5 14 18 19 22		5S 5R 14S 18S 18R 19S 19R 22S	OASH/OPA	91	$1,000-$5,000		Y A
Family Planning Information Exchange: clearinghouse that disseminates information on family planning, contraception, reproductive health, and related issues.	5 14 18 19	5.8-5.10	14G 18G 19G	OASH/OPA	91	$100-$500		
Adolescent Family Life "Care" Demonstration Projects: services to pregnant adolescents, adolescent parents, and their families; projects help to reduce repeat adolescent pregnancies, improve social, educational, and health outcomes for adolescent mothers and their babies, and promote adoption as a positive alternative for unmarried pregnant adolescents.	5 14	5.5-5.9 14.1 14.5 14.9		OASH/OPA	91	$1,000-$5,000		Y
Adolescent Family Life "Prevention" Demonstration Projects: projects to prevent adolescent premarital sexual activity, primarily through the development and testing of educational materials.	5 18 19	5.1 5.2 5.4 5.8 18.3 19.9		OASH/OPA	91	$1,000-$5,000		Y
Adolescent Family Life Research: research on the social causes and consequences of adolescent premarital sexual activity, contraceptive usage, pregnancy, and child-rearing (including adoption).	5		5R	OASH/OPA	91	$1,000-$5,000		Y
Family Planning Substance Abuse Training: special training on the recognition, counseling, and treatment of substance abuse among family planning clients, provided under an agreement with ADAMHA/OTI.	5 4 14 18 19		4P 5P 14P 18P 19P	OASH/OPA ADAMHA/OTI	91	See PA 4.		Y A
Other Federal Agencies with Programs for Family Planning: Department of Education.	5				91			
Other Federal Agencies with Programs for Family Planning: Department of Health and Human Services.	5			HHS/ACF HHS/HCFA	91			

6. Mental Health and Mental Disorders

Introduction

Mental disorders affect an estimated 23 million noninstitutionalized adults in the United States and have far reaching cognitive, emotional, and behavioral effects. Almost twice this number have experienced at least one diagnosable disorder at some point in their lives. Those who are institutionalized with mental disorders suffer from the most serious forms of these disorders. Schizophrenic disorders, which affect about one percent of the population, produce the most complex functional disabilities. Anxiety and depression are the most common disorders. Depression and associated affective disorders are experienced by approximately five percent of the population at any one time, and are the major risk factors for suicide, which claims more than 30,000 lives each year. An estimated 10 to 12 percent of children and adolescents suffer from mental disorders, including autism, attention deficit/hyperactivity, depression, and conduct disorders. The annual cost of all mental disorders was conservatively estimated at $1.29 billion annually in 1990, including lost productivity.

Reducing the incidence of mental disorders is a major focus of the objectives in this priority area. Special emphasis has been placed on reducing suicides and suicide attempts. Other foci include increasing access to community support services and effective treatment, expanding worksite stress management programs, and increasing the proportion of primary care providers who recognize problems and refer their patients for appropriate mental health services.

Action Summary

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) is the Lead PHS Agency for efforts to achieve the *Healthy People 2000* Mental Health and Mental Disorders objectives. The PHS strategy for accomplishing the objectives in this priority area includes several components: research, research and services demonstrations, professional education, public education campaigns, and partnerships with Federal and non-Federal partners including State and local organizations and community groups. A major component of this strategy is to promote individual recognition of mental disorders and to facilitate individual and community attempts to secure the skills, support, or professional attention necessary to maintain or restore mental health.

Two general primary prevention approaches to reduce the onset of mental disorders underlie the *Healthy People 2000* objectives: the enhancement of child development, and the reduction and control of stress and its adverse effects. Specific approaches to improved child development include increasing availability and access to family and child programs in competence enhancement, social support, and stress reduction, as well as encouraging screening and follow-up activities by obstetric and pediatric practitioners. Specific approaches to reduce or control stress and its adverse effects include enhancing individual coping skills, cultivating mutual help activities and resources, worksite medical screening and service programs, and encouraging expansion of programs for the identification and remediation of stressful work environments.

Research is targeted on studies to identify the etiology and vulnerability mechanisms of mental disorders and the most effective preventive interventions and cost effective treatment. Research efforts also focus on developmental factors in young children, youth at risk for mental disorder, adolescents and young adults, and older adults. A variety of psychological, social, and environmental factors are being investigated with respect to risk and resiliency factors for mental disorders.

ADAMHA research and service demonstration programs enhance community awareness and acceptance of those who suffer from mental disorders. Both individual and community support programs have been developed and offer early intervention and effective treatment for people coping with mental disorders or those who are at-risk of developing disorders.

A high priority of the PHS is the recruitment, retention, and development of mental health professionals. ADAMHA supports training for research and clinical services careers through fellowships to individuals and awards to academic institutions.

Public education campaigns to dispel widespread myths about mental disorders and to enhance the general population's awareness of these disorders have also been developed. One highly successful prevention/early intervention program is the Depression/Awareness Recognition and Treatment program, which promotes early recognition and treatment of depressive disorders.

Partnerships for Healthy People 2000

Many organizations in the public and private sectors and at Federal, State, and local levels are crucial to achieving the Mental Health and Mental Disorders objectives. For example, many PHS agencies have a major role in formulating and implementing programs to assist in the achievement of these objectives, including the Centers for Disease Control and its National Institute for Occupational Safety and Health and National Center for Environmental Health and Injury Control; the Indian Health Service; and the Health Resources and Services Administration and its Bureau of Maternal and Child Health. Outside the Federal Government, important roles are being played by the National Mental Health Association, the National Institute for Correctional Alternatives, the American Public Health Association, and the National Council for Self-Help.

Priority Issues for Future Action

To achieve the Mental Health and Mental Disorders objectives, PHS and its partners in support of this priority area will give particular attention to the following issues for future action:

- Greater public and professional awareness of the early signs of mental health disorders and appropriate measures to give particular attention to them, through development and dissemination of education programs for primary health-care providers, educators, workplace managers, social service providers, substance abuse treatment providers, and the general public.
- Determination of community-based interventions that are effective in reducing the incidence of suicides and suicide attempts among young people, and dissemination of model interventions through schools and community organizations.
- Foster stronger focus on initiatives to promote mental health and prevent mental disorders.

For More Information . . .

Healthy People 2000 Mental Health and Mental Disorders Coordinator
Office of the Associate Administrator for Prevention
Alcohol, Drug Abuse, and Mental Health Administration
5600 Fishers Lane/Rockwall II
Rockville, MD 20857
(301) 443-9351

Office of the Deputy Director for Prevention and Special Projects
National Institute of Mental Health
Alcohol, Drug Abuse, and Mental Health Administration
5600 Fishers Lane/Parklawn Building
Rockville, MD 20857
(301) 443-3533

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Multi-site Epidemiologic Surveys of Mental Disorders in Children and Adolescents—Phase II: implement methods developed in Phase I in major survey of prevalence, risk factors, and service use by children 9-17 years of age with mental disorders, estimate unmet service needs, and develop intervention and prevention strategies.	6 7	6.2 6.3 7.8	6R	ADAMHA/NIMH	91	$1,000-$5,000		C Y
Third National Health and Nutrition Examination Survey: affective disorders component in major national survey of physical and mental health and nutritional status in a nationally representative sample.	6 7	6.2 6.4 6.7 7.8	6S	ADAMHA/NIMH	91	$100-$500	B H	Y A
Community Support Program: research to improve community-based mental health services and support systems and to encourage involvement of primary consumers in the planning, provision, and assessment of services.	6	6.6 6.7 6.8 6.9	6R	ADAMHA/NIMH	91	$1,000-$5,000		A
Depression Prevention and Treatment Research: research into means of educating the public and health professionals about depression and to reduce recurrent depression, as well as suicide, through efforts of prevention research.	6 7	6.7 7.2	6R 7R	ADAMHA/NIMH	91	$50,000-$100,000		
Health Care Worker Program: community-based health care programs tailored for providers who will be trained to address mental disorders related to HIV and AIDS.	6 18	6.13 18.9	6P 18P	ADAMHA/NIMH	91	$1,000-$5,000		
Mental Disorders of Aging: research on Alzheimer's, related dementias, and chronic psychiatric disorders to help prevent suicide among the elderly.	6 7	6.1 7.2	6R 7R	ADAMHA/NIMH	91	$10,000-$50,000		O
Mental Health Education Program: prevention and public information campaign to reduce the personal and societal effects of panic disorders and other anxiety disorders.	6	6.6 6.5		ADAMHA/NIMH	91	$50,000-$100,000		
Mental Health Issues Across the Life-Span: research to expand knowledge of mental disorders and to identify and reduce risk factors.	6	6.1 6.3 6.5	6R	ADAMHA/NIMH	91	<$100	F L M D	C Y A O
National Plan for Schizophrenia and the Brain: comprehensive and intensive research effort including a research resource of cell lines and genetic material, medications development, and molecular neurobiology.	6	6.4	6R	ADAMHA/NIMH	91	>$100,000		
Provider Education: further development of a model training module to give mental health providers a comprehensive and detailed knowledge of psychopharmacology (total for clinical training).	6		6P	ADAMHA/NIMH	91	$10,000-$50,000		
Rural Economy's Effect on Mental Health: research to determine mental health risks of the farm crisis and associated rural economic hardship.	6	6.1 6.7	6R	ADAMHA/NIMH	91	$10,000-$50,000	R	

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Special Population Codes:
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A = Asians/Pacific Islanders
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M = Minorities
L = People with Low Incomes
F = Women
D = People with Disabilities
R = Rural or Migrant Farm Workers

Age Group Codes:
I = Infants
C = Children
Y = Adolescents/Young Adults
A = Adults
O = Older Adults

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Child and Adolescent Mental Health Research: emphasis on development of methods and data needed to improve understanding of effective treatments and service systems.	6	6.3	6R 6S	ADAMHA/NIMH	91	$5,000-$10,000	F L M D	C Y
HIV Risk Assessment and Prevention: research focusing on the phychosocial effects of HIV and AIDS.	6 18	6.4 6.5 6.7 6.8 6.13 6.14 18.1 18.2	6R	ADAMHA/NIMH	91	See PA 18.		
Children's Mental Health Service Research Centers: two child mental health centers are funded; plans call for inviting applications for additional centers.	6	6.3	6R	ADAMHA/NIMH	91	$1,000-$5,000		C Y
Community Support Program: research to improve community-based mental health services and support systems and to encourage involvement of consumers in the planning, provision, and assessment of services.	6	6.6-6.9	6R	ADAMHA/NIMH	91	$10,000-$50,000		Y A O
Interdisciplinary Mental Health Care Training Program: preference is given to rural applicants who provide interdisciplinary training for primary care providers in rural areas.	6	6.13	6P	ADAMHA/NIMH	91	$1,000-$5,000		
Mental Disorders Epidemiologic Study: research into psychiatric disorders, substance abuse/dependence, and methods of identifying risk factors these disorders.	6 4	4.5-4.8 6.3 6.4	6R	ADAMHA/NIMH	91	$1,000-$5,000	M	Y A
Mental Disorders in Infants and Children: research into socio-emotional problems among infants and young children at risk, depressive disorders in children and adults, the prevention of suicidal behavior, and the promotion of mental health.	6	6.1-6.4	6R	ADAMHA/NIMH	91	$5,000-$10,000	M	I C
Mental Health and Minority Groups: research and training at predominantly minority institutions, support of minority mental health research centers, research of differing clinical responses to psychoactive medications, the inclusion of minorities in research projects, and programs of intervention and support for minority mental health patients.	6 21	6.7 21.8	6R 6P	ADAMHA/NIMH	91	$1,000-$5,000	B H	Y
Mental Health Services for the Homeless: research to find methods of treating mental illness among homeless people.	6	6.4 6.6 6.7	6R	ADAMHA/NIMH	91	$5,000-$10,000	L	
National Plan for Research on Child and Adolescent Mental Disorders: research to help determine the etiology, prevalence, and treatment of child mental disorders, and expand demonstrations programs for prevention of psychopathology.	6	6.3	6R	ADAMHA/NIMH	91	>$100,000	M	I C Y A
American Indian Peoples Clinical Training: clinical training for American Indians in the mental health profession.	6 21	6.13 6.14 21.8	6P	ADAMHA/NIMH	91	$100-$500	I	
Self-help Services and Research: plan to provide a National Technical Assistance Center for consumers and researchers.	6	6.12	6R	ADAMHA/NIMH	91	$100-$500		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Training for Providers: information on biological, psychological, and social aspects of mental disorders is included in the curriculum for training providers on schizophrenia, depression, and other severe mental disorders to develop effective community support programs.	6	6.13 6.14	6P	ADAMHA/NIMH	91	$100-$500		
Occupational Exposures and Mental Health Research: research into neuropsychiatric changes in workers exposed to solvents.	6 10	6.4 10.2	10R	ADAMHA/NIMH	91	See PA 10.	M	A
Mental Health, Physical Activity, and Fitness in Older People: research on the interaction of physical activity and emotional well being in older people with emphases on psychophysiological measures.	6 1	6.5	1R 6R	ADAMHA/NIMH	91	$100-$500		O
Interaction of Mental Disorders and Physical Illness in Late Life: research on biopsychosocial risk factors, causes, and consequences of acute and chronic illness in older people and how these factors effect rehabilitation, recovery, relapse, and service use.	6 9 17		6R 9R 12R 17R	ADAMHA/NIMH	91	$1,000-$5,000	F D	O
Mental Disorders of Aging: research on the nature, treatment, and prevention of major mental disorders and behavioral dysfunctions in late life such as Alzheimer's disease and related disorders, schizophrenia, personality disorders, anxiety, mania, and sleep disorders.	6 9 17		6R 9R 17R	ADAMHA/NIMH	91	$5,000-$10,000	M	O
Diagnosis and Treatment of Depression in Late Life: research focusing on depression and suicide among older people.	6 7	6.1 7.2	6R 7R	ADAMHA/NIMH	91	$5,000-$10,000	F D	O
Report of the Task Force on Homelessness and Severe Mental Illness: a national strategy for developing a service system for homeless people with severe mental illness.	6 4	4.12 6.4-6.7	4R 4P 6R 6P	ADAMHA/NIMH	91	$10,000-$50,000	D	
Projects for Assistance in Transition from Homelessness: State grants to provide mental health services and housing to severely mentally ill homeless people and those with co-occurring disorders of substance abuse.	6 4	4.12 6.4-6.7	4P 6R 6P	ADAMHA/NIMH	91	$10,000-$50,000	D	
Mental Health Research for Homeless People: an initiative to develop knowledge about the prevalence, etiology, and treatment of severe mental illness among homeless individuals.	6 4	4.12 6.4-6.7	4R 6R 6S	ADAMHA/NIMH	91	$5,000-$10,000	D	
Mental Health Public Inquiries Program: answers 100,000 public inquiries each year, on subjects that include schizophrenia; depression; anxiety and personality disorders; suicide; stress; stigma; psychological and neurological effects of AIDS; and behavioral changes to prevent HIV infection.	6 7 18	6.1-6.4 6.7 6.8 7.2 7.8		ADAMHA/NIMH	91	$100-$500		
Mental Health Publications Program: publishes an array of brochures, flyers, and fact sheets on diagnosis and treatment of mental illnesses; the effects of stress; mental health research; and the psychological and neurological aspects of HIV infection and AIDS.	6 7 18	6.1-6.5 6.7-6.9 6.13 7.2 7.4 7.5 7.8 18.1-18.4		ADAMHA/NIMH	91	$100-$500		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Mental Heath Media and Information Campaigns: public information encouraging people to seek help for panic disorder and other mental illnesses; emphasis on disorders which are now highly treatable because of research advances.	6 7	6.1-6.4 6.7 6.8 6.13 6.14 7.2 7.8		ADAMHA/NIMH	91	$500-$1,000		
Mental Heath Economics Research Program: research on reimbursement and managed care includes support of research on the economics of stress and stress-related problems in the Nation's work force.	6	6.4 6.5 6.7 6.9 6.11		ADAMHA/NIMH	91	$5,000-$10,000		
Phase II Clinical Trial of Peptide T: testing of a potential HIV therapeutic for treating neurocognitive dysfunction caused by HIV.	6 18	6.4 6.13	6R 18R	ADAMHA/NIMH	91	$500-$1,000		
Assessment Battery of Neuropsychological and Neurological Functioning: test will contribute to determining the efficacy of pharmacologic and psychosocial interventions.	6	6.3 6.14	6R	ADAMHA/NIMH	91	$100-$500		
Health Care Provider Training Program: a program to train health care providers in the neuropsychiatric and psychosocial aspect of HIV infection and AIDS.	6	6.3 6.13 6.14	6R	ADAMHA/NIMH	91	$1,000-$5,000		
Research Training Program: training program to prepare creative and talented scientists to apply modern research tools to AIDS-related research and mental disorders.	6	6.13 6.14	6R	ADAMHA/NIMH	91	$1,000-$5,000		
Centers for AIDS Dementia: conducts basic research into the molecular and cellular mechanisms associated with AIDS Dementia.	6	6.4 6.13	6R	ADAMHA/NIMH	91	$1,000-$5,000		
HIV and the Central Nervous System: research the impact of HIV on the central nervous system, AIDS-related dementia complex, and AIDS-related stressors.	6	6.4 6.5 6.13 6.14	6R	ADAMHA/NIMH	91	$1,000-$5,000		
Psychosocial Research: research focusing on the psychosocial impacts of HIV infection and AIDS.	6	6.4 6.5 6.7 6.8 6.13 6.14	6R	ADAMHA/NIMH	91	$5,000-$10,000		
Central Nervous System Research: research into HIV-related infection of AIDS on central nervous system function in children and adolescents.	6 18	6.3 6.14	6R 18R	ADAMHA/NIMH	91	$1,000-$5,000		C Y
Health Interventions Research: research into developing and testing interventions to maintain physical and mental health of children and adolescents.	6	6.3 6.14	6R	ADAMHA/NIMH	91	$100-$500		
Services Delivery Research: research into the organization and delivery of mental health services for children and families affected by HIV.	6 18	6.3 6.14	6R 18R	ADAMHA/NIMH	91	$100-$500		
National Collaborative Perinatal Project (NCPP)—Suicide Followup: followup of NCPP sample to examine pre- and perinatal risk factors for youth suicide.	6 7	6.1 6.2 7.2 7.8	6R	ADAMHA/NIMH NIH/NICHD	91	<$100	M	I C Y
Substance Abuse Prevention: community training programs to reach high-risk populations such as youth at high risk of suicide.	6 4 7	4.5 6.1 7.2		ADAMHA/OSAP	91	See PA 4.		Y

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Pregnant and Postpartum Women and Their Infants Grant Program: focus on prevention and treatment for pregnant and postpartum women and their infants as well as young women of prechildbearing age; projects offer nutritional education and counseling, alcohol and other drug use prevention and treatment, comprehensive mental health and substance abuse services, HIV/AIDS education, counseling, testing, sexually transmitted disease prevention/treatment, and clinical preventive services.	6 2 4 18 19 21	2.10 2.11 6.1-6.9	4G 18G 19G 21G	ADAMHA/OSAP	91	See PA 4.		I C Y A
High-Risk Youth Grant Program: demonstration projects that provide innovative and effective models for the prevention of alcohol and other drug use among high-risk youth—suicide is a statutory category of high-risk youth.	6 7	6.1 6.2 7.2 7.8		ADAMHA/OSAP	91	$10,000-$50,000		C Y
Youth Risk Behavior Survey: includes questions on physical fighting, attempted suicide, and weapon carrying by adolescents.	6 7	6.1 6.2 7.2 7.3 7.6 7.8 7.10		CDC/NCCDPHP	91	See PA 7.		Y
Screening Program for Suicide Risk in Adolescents: program to improve recognition of adolescents at risk for suicide and obtaining appropriate preventive care for them.	6 7	6.1 6.2 7.2 7.8	6R 7R	CDC/NCEHIC	91	$100-$500		Y
National Electronic Injury Surveillance System: monitors nonfatal firearm injuries through the Consumer Product Safety Commission's emergency room surveillance network.	6 7 9	6.2 7.6 7.8 7.11	6S 7S 9S	CDC/NCEHIC	91	See PA 9.		
Profile of Risk Factors for Suicide in Psychiatric Outpatients: determination of the relationship of a variety of risk factors to ultimate suicide in approximately 7,000 patients evaluated at two outpatient psychiatric clinics.	6 7	6.1 7.2	6R 7R	CDC/NCEHIC	91	$100-$500		
Sentinel Injury Surveillance System: emergency room-based gunshot and sharp instrument injury surveillance system linked with data from the FBI's Uniform Crime Reports and State Uniform Hospital Discharge Data Set.	6 7	7.1-7.3 7.6 7.8-7.10	6S 7S	CDC/NCEHIC	91	See PA 7.		
Resource Guide on Youth Suicide Prevention Programs: guide describes rationale, effectiveness of various prevention programs, cites model programs, and reviews evaluation needs.	6 7	6.1 6.2 7.2 7.8		CDC/NCEHIC	91	$100-$500		Y
Case Control Study of Attempted Suicide: examines three risk factors for suicide attempts among adolescent and young adults (alcohol use, mobility, contagion).	6 7	6.1 6.2 7.2 7.8	6R 7R	CDC/NCEHIC ADAMHA/NIAAA	91	$100-$500		Y
National Health Interview Survey: collection and publication of survey data on personal and demographic characteristics, illnesses, injuries, impairments, chronic conditions, use of health resources, and other health topics.	6		1S 2S 3S 6S 8S 9S 13S 14S 15S 16S 17S 18S 20S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
Health Care for the Homeless Program: delivery of mental health care services to homeless people.	6	6.6-6.8		HRSA/BHCDA	91	$1,000-$5,000	L	Y A O

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Health Professions Training and Education: programs to strengthen curriculum for primary care providers to focus on prevention and treatment in mental health and to encourage entry of health professionals into field of mental health.	6	6.13 6.14	6P	HRSA/BHPr	91	$500-$1,000		Y A O
Direct and Indirect Mental Health Services: services for American Indians.	6	6.6		IHS	91	$5,000-$10,000	I	
Mental Health and Mental Disorders Prevention Research: prevention of severe mental disorders, stress, depression, and social anxieties are active NCRR projects.	6		6R	NIH/NCRR	91	$1,000-$5,000		
NHLBI Obesity Education Initiative: national collaborative effort to integrate and enhance educational activities concerning obesity; patient and professional educational material will be developed and disseminated through State health departments and other public and private agencies.	6 1 2 8 15 21	1.2 2.3 2.7 2.20 6.5 8.4 8.5 8.9 8.12 8.13 15.10 21.2 21.5 21.6 21.7		NIH/NHLBI	91	See PA 15.	M F	
NHLBI Growth and Health Study: longitudinal cohort study examining diet, physical activity, socioeconomic status, and psychosocial influences that are associated with the development of obesity and cardiovascular risk factors in young black and white females.	6 1 2 15 17	1.1-1.4 1.7 1.8 2.1 2.3 2.5 2.7 2.9 6.5 15.1 15.2 15.4 15.9-15.11 17.1 17.2	1R 2R 6R 15R 17R	NIH/NHLBI	91	See PA 1.	B	C Y
NHLBI Programs for Stress Reduction: research and intervention activities to reduce the adverse effects of stress that result in development of cardiovascular disease and exacerbation of chronic respiratory disease particularly in minority populations and women.	6	6.5	6R	NIH/NHLBI	91	$10,000-$50,000	F M	
Psychophysiological Investigations of Myocardial Ischemia (PIMI): initiative to investigate the mechanisms through which mental events precipitate myocardial ischemic episodes, and evaluate potential behavioral interventions.	6 15	6.5 15.1	6R 15R	NIH/NHLBI	91	See PA 15.		
Cardiovascular Health Study: research to investigate risk factors for coronary heart disease and stroke in older adults, including the factors association with preclinical cardiovascular diseases and the social and psychologic circumstances surrounding a cardiovascular event.	6 1 2 3 15	1.1 1.3 1.4 2.1 3.1 6.5 15.1 15.6 15.8	1R 2R 3R 6R 15R	NIH/NHLBI	91	See PA 15.	D	O
Behavioral Medicine Program: prevention research focused on atherosclerosis and lifestyles; smoking among women and minorities; nonpharmacologic therapies for hypertension; and mental stress and its relation to heart attacks.	6 15	6.5 15.1 15.4	6R 15R	NIH/NHLBI	91	See PA 15.		
Workshop on Family Conflict and Elder Abuse: reviewed scientific data and research needs (May 1991).	6 7	7.4 7.6 7.12 7.17	6R 7R	NIH/NIA	91	See PA 7.		O

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Understanding the Human Brain: intramural and extramural basic neuroscience research to increase understanding of molecular and cellular neurobiology of cognition, systems, and integrative neuroscience.	6 9 17		6R 9R 17R	NIH/NINDS NIH/NICHD	91	>$100,000		
Healthy People 2000 Coordination: PHS-wide coordination and staff support for Assistant Secretary for Health's review and oversight of PHS activities to achieve the Healthy People 2000 objectives.	6	6.1-6.14		OASH/ODPHP	91	<$100		
Other Federal Agencies with Programs for Mental Health and Mental Disorders: Department of Defense.	6				91			
Other Federal Agencies with Programs for Mental Health and Mental Disorders: Department of Education.	6				91			
Other Federal Agencies with Programs for Mental Health and Mental Disorders: Department of Health and Human Services.	6			HHS/ACF HHS/HCFA HHS/SSA	91			

7. Violent and Abusive Behavior

Introduction

Violence is a serious problem in the United States. At least 2.2 million people are victims of violent injury each year. In 1988, homicide was the 12th leading cause of death, a leading cause of premature mortality, and the leading cause of death among young black men aged 15 through 34. The United States has the highest homicide rate of all developed countries. Suicide is the eighth leading cause of death among Americans and the third leading cause of death among young people aged 15 through 24. Cumulatively, approximately 20 percent of all deaths due to injury are the result of self-inflicted violence. A significant proportion of interpersonal and self-inflicted injuries are inflicted with firearms, primarily handguns.

Action Summary

The Centers for Disease Control (CDC), through the National Center for Environmental Health and Injury Control, is the Lead PHS Agency for efforts to achieve the *Healthy People 2000* Violent and Abusive Behavior objectives. CDC is committed to the premise that a public health approach to preventing violent injuries will be successful in achieving the objectives. Such an approach uses the traditional public health tools of surveillance and epidemiology to identify etiology and characterize patterns, implement interventions to prevent interpersonal violence and suicide, and evaluate interventions to determine what is effective. A public health strategy to prevent violence requires a coordinated approach involving various sectors of society such as social services, criminal justice, education, mental health, and public health systems.

To help achieve the *Healthy People 2000* objectives for Violent and Abusive Behavior, PHS will:

- Develop guidelines for the design, implementation, and evaluation of community youth violence prevention programs. These guidelines will be based on findings from the Forum on Youth Violence in Minority Communities, the key principles of multiple interventions in multiple settings, and community empowerment.
- Conduct a series of homicide surveillance studies to identify risk factors, characteristics of victims and assailants, and possible interventions to prevent homicide.
- Publish and disseminate a resource guide for youth suicide prevention programs (in 1992).
- Conduct a case-control study of three risk factors for suicide: alcohol use, exposure to suicide by another (contagion), and mobility.
- Develop a national implementation plan for violence prevention based on recommendations in the national agenda and the *Healthy People 2000* Violent and Abusive Behavior objectives.
- Develop guidelines for the design, implementation, and evaluation of community violence prevention programs to be published and disseminated in 1992.
- Conduct evaluation studies and establish a cooperative agreement program to increase knowledge of the effectiveness of various violence intervention strategies.
- Establish partnerships with State and local governments and communities so that government can better help communities design and implement community violence prevention programs.
- Develop cooperative relationships with non-PHS agencies, including the National Center on Child Abuse and Neglect, Head Start, the Federal Bureau of Investigation, and the National Institute of Justice.

- Coordinate efforts and share expertise to build a public health infrastructure for delivering effective violence prevention interventions to communities in the greatest need; this infrastructure includes both material and human resources. We can begin this process by establishing fellowships and training a cadre of community leaders to facilitate local violence prevention efforts.
- Conduct rigorous scientific research to further clarify the risks and benefits of ready access to firearms, and evaluate the preventive value of minimizing ready access to handguns and other firearms through a variety of strategies focused on three broad areas: educational or behavioral change interventions, technological or environmental interventions, and enhanced legislative or regulatory efforts.

Partnerships for Healthy People 2000

Recognizing that violence prevention is multidisciplinary, PHS is consulting with a broad spectrum of agencies and individuals already experienced in the field including: the Department of Justice (surveillance, community action), the American Association of Suicidology (identification of research issues), the Administration for Children, Youth and Families (intervention evaluation), and the National Committee for the Prevention of Child Abuse (surveillance and program evaluation). These organizations and others already involved in cooperative ventures with PHS agencies, such as the Minority Health Professions Foundation, the Consumer Product Safety Commission, and the Education Development Center, are invaluable resources in planning strategy, building surveillance systems, designing and implementing programs, and monitoring progress toward achieving the *Healthy People 2000* objectives.

Community-based and advocacy organizations will be recruited through contacts already established by health, law enforcement, and social service agencies, and their approaches will be augmented with public health's special tools: epidemiology, surveillance, and program evaluation.

Priority Issues for Future Action

To achieve the Violent and Abusive Behavior objectives, PHS and its partners in support of this priority area will give particular emphasis to the following issues for future action:

- Demonstration and replication of community-based interventions that are effective in reducing violence.
- Further development and use of public health tools that help local health departments bring all members of the community (e.g., social and religious organizations, employers, local government) together to devise solutions for rising levels of violence in their communities.

For More Information . . .

Healthy People 2000 Violence and Abusive Behavior Coordinator
Division of Injury Control
National Center for Environmental Health and Injury Control
Centers for Disease Control
1600 Clifton Road, NE., Mailstop F-36
Atlanta, GA 30333
(404) 488-4646

Public Inquiries
Centers for Disease Control
Management Analysis an Services Office
1600 Clifton Road, NE., Mailstop D-25
Atlanta, GA 30333
(404)639-3286

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Heavy Drinking and Marital Violence in Newlyweds: research and analysis.	7 4	7.5	4R 7R	ADAMHA/NIAAA	91	$100-$500	F	Y
Hispanic Drinking and Intrafamily Violence: research on relationship between alcohol and the incidence of domestic violence.	7 4	7.4 7.5	4R	ADAMHA/NIAAA	91	$500-$1,000	F H	C
Multi-site Epidemiologic Surveys of Mental Disorders in Children and Adolescents—Phase II: implement methods developed in Phase I in major survey of prevalence, risk factors, and service use by children 9-17 years of age with mental disorders, to develop intervention and prevention strategies.	7 6	6.2 6.3 7.8	6R	ADAMHA/NIMH	91	See PA 6.		C Y
Third National Health and Nutrition Examination Survey: affective disorders component in major national survey of physical and mental health and nutritional status in a nationally representative sample.	7 6	6.2 6.4 6.7 7.8	6S	ADAMHA/NIMH	91	See PA 6.		
Depression Prevention and Treatment Research: research into means of educating the public and health professionals about depression and to reduce recurrent depression, as well as suicide, through efforts of prevention research.	7 6	6.7 7.2	6R 7R	ADAMHA/NIMH	91	See PA 6.		
Mental Disorders of Aging: research on Alzheimer's, related dementias, and chronic psychiatric disorders to help prevent suicide among the elderly.	7 6	6.1 7.2	6R 7R	ADAMHA/NIMH	91	See PA 6.		O
Grants to support research on marital conflict and the development of aggression.	7	7.5 7.9		ADAMHA/NIMH	91	$500-$1,000	B	C Y A
Biology of Aggression: studies to understand the mechanisms that underlay aggression in animals.	7		7R	ADAMHA/NIMH	91	$100-$500		
Diagnosis and treatment of depression in late life: research focusing on depression and suicide among older people.	7 6	6.1 7.2	6R 7R	ADAMHA/NIMH	91	See PA 6.	D	O
Mental Health Public Inquiries Program: answers 100,000 public inquiries each year, on subjects that include schizophrenia; depression; anxiety and personality disorders; suicide; stress; stigma; psychological and neurological effects of AIDS; and behavioral changes to prevent HIV infection.	7 6 18	6.1-6.4 6.7 6.8 7.2 7.8		ADAMHA/NIMH	91	See PA 6.		
Mental Health Publications Program: publishes an array of brochures, flyers, and fact sheets on diagnosis and treatment of mental illnesses; the effects of stress; mental health research; and the psychological and neurological aspects of HIV infection and AIDS.	7 6 18	6.1-6.5 6.7-6.9 6.13 7.2 7.4 7.5 7.8 18.1-18.4		ADAMHA/NIMH	91	See PA 6.		

Related Issue Codes:
R=Research
S=Surveillance
P=Personnel
G=General

Special Population Codes:
B = Blacks
H = Hispanics
A = Asians/Pacific Islanders
I = American Indians
M = Minorities
L = People with Low Incomes
F = Women
D = People with Disabilities
R = Rural or Migrant Farm Workers

Age Group Codes:
I = Infants
C = Children
Y = Adolescents/Young Adults
A = Adults
O = Older Adults

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
National Collaborative Perinatal Project (NCPP)—Suicide Followup: followup of NCPP sample to examine pre- and perinatal risk factors for youth suicide.	7 6	6.1 6.2 7.2 7.8	6R	ADAMHA/NIMH NIH/NICHD	91	See PA 6.		Y
Substance Abuse Prevention: community training programs to reach high-risk populations such as youth at high risk of suicide.	7 4 6	4.5 6.1 7.2		ADAMHA/OSAP	91	See PA 4.		Y
High-risk Youth Grant Program: demonstration projects that provide innovative and effective models for the prevention of alcohol and other drug use among high-risk youth—suicide is a statutory category of high risk youth.	7 6	6.1 6.2 7.2 7.8		ADAMHA/OSAP	91	See PA 6.		C Y
Sex Offenses Program: counseling, law enforcement, personnel training, hotlines, and education.	7	7.5 7.7		CDC/NCCDPHP	91	$1,000-$5,000	F	
School Health Survey: includes questions on the extent to which schools offer conflict resolution as an element of a quality school health curriculum.	7 8	7.16 8.4	8S	CDC/NCCDPHP	91	<$100		Y
Youth Risk Behavior Survey: includes questions on physical fighting, attempted suicide, and weapon carrying by adolescents.	7 6	6.1 6.2 7.2 7.3 7.6 7.8 7.10		CDC/NCCDPHP	91	<$100		Y
Youth Violence in Minority Communities: guidelines for community violence prevention programs focused on high-risk minority youth, weapons and youth violence, and interventions in early childhood.	7	7.9 7.10		CDC/NCEHIC	91	<$100	M	C Y
Intentional Injury During Pregnancy: will attempt to establish the epidemiology of intentional injury during pregnancy and the associated effects on maternal and infant health.	7 14	7.4-7.6 7.12 14.1		CDC/NCEHIC	91	<$100	F	I
Third National Injury Control Conference: development of the national agenda for injury control, violence control, occupational safety, research, care systems, and rehabilitation.	7 9 10	7.1 7.3-7.6 7.9 7.10 10.1 10.2	9G 10G	CDC/NCEHIC	91	$100-$500		
Screening Program for Suicide Risk in Adolescents: program to improve recognition of adolescents at risk for suicide and obtaining appropriate preventive care for them.	7 6	6.1 6.2 7.2 7.8	6R 7R	CDC/NCEHIC	91	See PA 6.		Y
National Electronic Injury Surveillance System: monitors nonfatal firearm injuries through the Consumer Product Safety Commission's emergency room surveillance network.	7 6 9	6.2 7.6 7.8 7.11	6S 7S 9S	CDC/NCEHIC	91	See PA 9.		
Profile of Risk Factors for Suicide in Psychiatric Outpatients: determination of the relationship of a variety of risk factors to ultimate suicide in approximately 7,000 patients evaluated at two outpatient psychiatric clinics.	7 6	6.1 7.2	6R 7R	CDC/NCEHIC	91	See PA 6.		
Sentinel Injury Surveillance System: emergency room-based gunshot and sharp instrument injury surveillance system linked with data from the FBI's Uniform Crime Reports and State Uniform Hospital Discharge Data Set.	7 6	7.1-7.3 7.6 7.8-7.10	6S 7S	CDC/NCEHIC	91	$500-$1,000		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Resource Guide on Youth Suicide Prevention Programs: guide describes rationale, effectiveness of various prevention programs, cites model programs, and reviews evaluation needs.	7 6	6.1 6.2 7.2 7.8		CDC/NCEHIC	91	See PA 6.		Y
Aggressors, Victims, and Bystanders: development, implementation, and evaluation of an education intervention to prevent violent behavior among inner-city, high-risk middle school students.	7	7.1 7.6 7.9 7.10 7.16		CDC/NCEHIC	91	$100-$500		Y
Assessment of Home Security Measures to Prevent Homicide: study will determine whether a firearm kept in an urban household increases or decreases the probability that a resident will be the victim of a homicide in his or her home.	7	7.1 7.3 7.11		CDC/NCEHIC	91	$100-$500		
Criminal History as a Predictor of Criminal Activity: tests the hypothesis that the presence and severity of past criminal history predicts the likelihood and severity of future criminal activity.	7	7.1 7.3 7.6 7.7		CDC/NCEHIC	91	$100-$500		
Case Control Study of Attempted Suicide: examines three risk factors for suicide attempts among adolescent and young adults (alcohol use, mobility, contagion).	7 6	6.1 6.2 7.2 7.8	6R 7R	CDC/NCEHIC ADAMHA/NIAAA	91	See PA 6.		Y
National Vital Statistics System (NVSS): collection and publication of data on births, deaths, marriages, and divorces in the United States; followback and other surveys based on the NVSS will also provide information on progress toward the objectives.	7		1S 2S 3S 4S 5S 7S 8S 9S 13S 14S 15S 16S 17S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
Maternal and Infant Health: grant assistance that provides a focus in maternal and infant health programs on prevention of violent and abusive behavior.	7	7.1 7.1 7.4		HRSA/MCHB	91	$100-$500		I C
Adolescent Violence Prevention Project: aims to build ability of communities to prevent adolescent interpersonal violence through coalition development, comprehensive planning, implementing strategies, and disseminating results.	7	7.1 7.3 7.6 7.16		HRSA/MCHB	91	$100-$500		Y
Children's Community Bridge: community-wide response to the needs of families at risk for child abuse and neglect, improve family support systems and parent-child interaction, and decrease parental stress.	7	7.4 7.14		HRSA/MCHB	91	$100-$500		I C
PACT for Alternatives to Violence and Abuse: aims to reduce assault/homicide and dating violence/acquaintance rape among teenagers.	7	7.1 7.6 7.7 7.9 7.16		HRSA/MCHB	91	$100-$500	F	Y
Positive Emotional Capacity Enhancement (PECE) Training: culturally-specific violence prevention program to reduce levels of injury and early mortality for black youth at risk of becoming victims or perpetrators of violence.	7	7.1 7.6 7.9 7.16		HRSA/MCHB	91	$100-$500	B	Y

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
American Indian Maternal and Child Health: focused multi-disciplinary response to disability, fetal alcohol syndrome, chronic disease, sudden infant death syndrome, and child abuse.	7 14 17	7.4 7.14 14.14 14.15 14.16 17.2 17.6-17.8		IHS	91	See PA 14.	I	I
Violent and Abusive Behavior Prevention Research: research to study behavior patterns and environments of violent individuals for the prediction and prevention of violence.	7		7R	NIH/NCRR	91	$100-$500		
Workshop on Family Conflict and Elder Abuse: reviewed scientific data and research needs (May 1991).	7 6	7.4 7.6 7.12 7.17	6R 7R	NIH/NIA	91	<$100		O
Scientific Workshop: review of protocols for elder abuse detection in clinical settings and recommending needed research development.	7	7.12		NIH/NIA	91	<$100		O
Workshop on Family Conflict and Elder Abuse: Reviewed scientific data and research needs (May 1991).	7	7.4 7.6 7.12 7.17	7R	NIH/NIA	91	<$100		O
National Academy of Sciences Study on High-Risk Youth: expert panel will recommend a research agenda and strategy for intervention in high-risk behavior.	7	7.1 7.6 7.9 7.10 7.17	7R	NIH/NICHD	91	$100-$500		Y
Healthy People 2000 Coordination: PHS-wide coordination and staff support for Assistant Secretary for Health's review and oversight of PHS activities to achieve the Healthy People 2000 objectives.	7	7.1-7.18		OASH/ODPHP	91	<$100		
Minority Community Health Coalition Demonstration Program: project focuses on comprehensive, community-wide approaches to improving the health of targeted populations and to reduce the co-existing problems of violence.	7 8	7.1 7.3-7.6	8G	OASH/OMH	91	$1,000-$5,000	M	
Minority Community Health Coalition Grant Program: grant awards to help local communities target major causes of death and attendant risk factors, including violence, alcohol and drug use, infant mortality, and cancer.	7 4 14 15 16 18	4.3 4.8 7.1 14.1 14.5 15.1-15.3 16.1 18.1 18.2		OASH/OMH	91	$1,000-$5,000	M	
Community Coalitions to Support Health and Human Services (Minority Males in Crisis): grants to community-based organizations to respond to the complex problems confronting minority males identified by the community.	7 8 18 19	7.1 7.3 7.6 8.1 8.11 8.12 18.1-18.6 19.1-19.8		OASH/OMH	91	$500-$1,000	M	
Other Federal Agencies with Programs for Violent and Abusive Behavior: Department of Defense.	7				91			
Other Federal Agencies with Programs for Violent and Abusive Behavior: Department of Education.	7				91			
Other Federal Agencies with Programs for Violent and Abusive Behavior: Department of Justice.	7				91			

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Other Federal Agencies with Programs for Violent and Abusive Behavior: Department of Health and Human Services.	7			HHS/ACF	91			

8. Educational and Community-Based Programs

Introduction

The success of the *Healthy People 2000* objectives will significantly depend on educational and community-based programs to promote health and prevent disease. The Educational and Community-Based Programs objectives attempt to reach and improve health conditions outside traditional health-care settings. As opposed to programs that address a single risk factor or health problem, many programs targeted by the Educational and Community-Based Programs objectives take a comprehensive approach to health and well-being. These programs recognize the importance of addressing the social and physical environment in which behavior occurs.

Action Summary

The Centers for Disease Control (CDC) and the Health Resources and Services Administration (HRSA) are co-Lead PHS Agencies for efforts to achieve the *Healthy People 2000* Educational and Community-Based Programs objectives. The Lead Agencies recognize that educational and community-based programs comprise a broad range of health activity, requiring a major contribution by other sectors.

The CDC-HRSA strategy has three interrelated components: assessment, intervention, and leadership. As appropriate to the various parts of the *Healthy People 2000* objectives, CDC is developing the means for collecting needed data or is already collecting it. In a collaborative effort with the National Association of County Health Officials (NACHO), the *National Profile of Local Health Departments* has been developed and will be used as baseline information on local health departments. A cooperative agreement with NACHO has developed a self-assessment protocol for local health department and community health improvement, resulting in the Assessment Protocol for Excellence in Public Health (APEX/PH). In addition, CDC is working with NACHO and selected State and local health department consortia to develop methods for State and local collaboration in the implementation of APEX/PH. As part of a larger assessment initiative associated with the fiscal year 1992 reauthorization of the Prevention Services Block Grant, several CDC components are collaborating to develop and test training that addresses State and local needs in the collection, analysis, and use of health information.

The use of various intervention methodologies is being promoted among Federal, non-Federal, public, and private organizations. In some instances, financial support is being provided. The National Association of Broadcasters and the American Hospital Association, with national organizations representing State and local health officials, will serve on the Educational and Community-Based Programs Work Group. Surveys to track progress in meeting the objectives are being developed. Planned Approach to Community Health (PATCH) has been initiated in 20 States, with a total of 50 communities implementing the program. Collaboration with the Department of Education (DOE) on parallel national education goals is underway.

CDC and HRSA are providing national leadership, stimulating the formation of coalitions, and working to develop stronger leadership at the State and local levels. These PHS agencies jointly support a national agency-faculty forum that is making recommendations to improve academic public health practice training and research. Both agencies are supporting implementation of these recommendations.

PHS supports the implementation and improvement of health education for young people through cooperative agreements with State and local education agencies, universities, health departments, and relevant national health and education agencies. These cooperative agreements are intended to help prevent risk-taking behaviors associated with important health problems, including HIV infections. PHS also conducts national surveys and helps State and local education agencies monitor the extent to which schools provide and students receive school health education. These surveys also monitor the extent to which high school students engage in risk behaviors associated with leading causes of death and disability.

Partnerships for Healthy People 2000

A Planning Committee has been formed to establish the Healthy People 2000 Work Group on Attainment of the Educational and Community-Based Program objectives. The Planning Committee is composed of representatives of CDC and HRSA and is working to establish liaison and communications with Federal agencies and allied health organizations that are interested in attaining the objectives.

Priority Issues for Future Action

To achieve the Educational and Community-Based Programs objectives, PHS and its partners in support of this priority area will give particular emphasis to the following issues for future action:

- Using tools such as APEX/PH (Assessment Protocol for Excellence in Public Health), Healthy Communities, PATCH (Planned Approach to Community Health), and *Healthy Communities 2000: Model Standards*, to work with local health departments to help them lead their communities in pursuit of improved health.
- Creating opportunities for organizations that work outside traditional health-care settings (e.g., the media, employers, schools, social, and religious organizations) to contribute to improving health.

For More Information . . .

Healthy People 2000 Educational and Community-Based Programs Coordinator
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control
1600 Clifton Road, NE., Mailstop K-40
Atlanta, GA 30333
(404) 488-5706

Healthy People 2000 Educational and Community-Based Programs Coordinator
Health Resources and Services Administration
Parklawn Building, Room 14-33
5600 Fishers Lane
Rockville, MD 20857
(301) 443-2460

Public Inquiries
Centers for Disease Control
Management Analysis and Service Office
1600 Clifton Road, NE., Mailstop D-25
Atlanta, GA 30333
(404) 639-3286

Office of Communications
Health Resources and Services Administration
Parklawn Building, Room 14-43
5600 Fishers Lane
Rockville, MD 20857
(301) 443-2086

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Intervention in Schools: programs to reduce risk behaviors for HIV among adolescents and young adults; particular emphasis is placed on through culture-specific behavioral interventions.	8 18	8.4 8.4 8.11 18.10		ADAMHA/NIMH	91	See PA 18.		C Y
Community Action/Mobilization Programs: working to reach community members through targeted promotion campaigns, media involvement, and networking. (Figures are the total for demonstration programs)	8 4	4.12 8.13		ADAMHA/OSAP	91	See PA 4.		
Substance Abuse Prevention Training: training to enhance skills of health care providers and improve delivery services of community-wide prevention programs.	8 4	4.12 4.19 8.10		ADAMHA/OSAP	91	See PA 4.		
Alcohol and Drug Abuse Prevention Among Racial and Ethnic Populations: targeted culturally relevant demonstration programs focusing on education and prevention.	8 4	4.13 8.11		ADAMHA/OSAP	91	See PA 4.	M	
Drug Abuse Prevention: controlled evaluation of the effectiveness of prevention in a variety of settings, including schools, communities, and workplaces.	8 4	4.13 4.14 8.10		ADAMHA/OSAP	91	See PA 4.	L M	Y C
Media and Communication Campaigns: public information about the effects of alcohol and other drug abuse and how to prevent such abuse; particular emphasis on preteens and early adolescents.	8 4	4.10 8.13		ADAMHA/OSAP	91	$10,000-$50,000		Y
Media and Communication Campaigns: public information about the effects of alcohol and other drug abuse and how to prevent such abuse; particular emphasis on preteens and early adolescents.	8 4	4.10 8.13		ADAMHA/OSAP	91	$10,000-$50,000		Y
Drug Abuse Prevention: controlled evaluation of the effectiveness of prevention in a variety of settings, including schools, communities, and workplaces.	8 4	4.13 4.14 8.10		ADAMHA/OSAP	91	See PA 4.	L M	Y C
Urban Youth Campaign, "By Our Own Hands: " public information initiative on prevention of alcohol and other drug use among high-risk black youth aged 9 through 13, in the top 12 black media markets.	8 4	4.5 4.6 4.9 4.10 8.11		ADAMHA/OSAP	91	See PA 4.	B	C Y
ADMS Block Grant: indirect services through use of prevention set aside and substance abuse outreach, HIV/AIDS eduction, general health and nutrition.	8 4 18	4.3 4.13 8.1 8.11 18.9		ADAMHA/OTI	91	See PA 4.		

Related Issue Codes:
R=Research
S=Surveillance
P=Personnel
G=General

Special Population Codes:
B = Blacks
H = Hispanics
A = Asians/Pacific Islanders
I = American Indians
M = Minorities
L = People with Low Incomes
F = Women
D = People with Disabilities
R = Rural or Migrant Farm Workers

Age Group Codes:
I = Infants
C = Children
Y = Adolescents/Young Adults
A = Adults
O = Older Adults

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Preventive Health and Health Services Block Grant (Health Education and Risk Reduction Program): indirect services (media campaigns, education, consulting) in nutrition, smoking cessation, alcohol misuse prevention, and exercise to prevent premature morbidity and mortality.	8 1 2 3 4	1.3-1.5 1.7 2.3 4.8 8.10 15.1 15.2		CDC/NCCDPHP	91	$10,000-$50,000	M	Y A
Educational and Community-Based Programs: Planned Approach to Community Health (PATCH) and school health programs will continue to promote healthy behavior to reduce risks in youth.	8	8.4 8.10 8.14		CDC/NCCDPHP	91	$10,000-$50,000	M	Y
School Health Education Program: focus on preventing HIV infection and evaluating education about AIDS and HIV infection.	8 18	8.4 8.10 8.11 18.10		CDC/NCCDPHP	91	See PA 18.		C Y
Community Health Promotion and Disease Prevention: support for demonstration projects in health promotion and disease prevention, including adolescent pregnancy prevention, cancer surveillance and prevention, and injury prevention.	8	5.1 8.10 9.1	16S	CDC/NCCDPHP	91	$1,000-$5,000	I	
Coordination of Local Programs to Prevent HIV: cooperative agreements to help cities with high rates of HIV infection establish, coordinate, and institutionalize community coalitions to prevent HIV infection among youth aged 10 through 24 who are in high-risk situations.	8 18	8.10 18.1 18.12		CDC/NCCDPHP	91	See PA 18.		C Y
State-Based Physical Activity and Cardiovascular Disease Prevention Programs: programs in Colorado, South Carolina, New York, and Alabama, to help communities reduce cholesterol, high blood pressure, fat consumption, and physical inactivity; some projects have a particular focus on minorities.	8 1 2 15	1.3-1.7 1.11 2.3 2.5 2.7 8.10 15.1 15.2		CDC/NCCDPHP	91	See PA 1.	M	C Y A O
Inter-Tribal Heart Disease Prevention Project: collaborative project with the Indian Health Service to assess cardiovascular disease and risk factors (including physical activity) and implement and evaluate interventions.	8 1 15	1.1 1.2 1.5 8.10 15.11		CDC/NCCDPHP IHS	91	See PA 15.	I	Y A
National Vital Statistics System (NVSS): collection and publication of data on births, deaths, marriages, and divorces in the United States; followback and other surveys based on the NVSS will also provide information on progress toward the objectives.	8		1S 2S 3S 4S 5S 7S 8S 9S 13S 14S 15S 16S 17S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
National Health Interview Survey: collection and publication of survey data on personal and demographic characteristics, illnesses, injuries, impairments, chronic conditions, use of health resources, and other health topics.	8		1S 2S 3S 6S 8S 9S 13S 14S 15S 16S 17S 18S 20S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
HIV Information, Education, and Preventive Services: grants to States for community-based demonstration projects.	8 18	8.10 18.1 18.2	8R	CDC/NCPS	91	See PA 18.		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
HIV Information, Education, and Preventive Services: project grant to the U.S. Conference of Mayors.	8 18	18.1 18.2	8R	CDC/NCPS	91	See PA 18.		
HIV Community Demonstration Projects: grants to fund community-based research to develop, implement, and evaluate interventions to decrease the probability of HIV transmission in a community, especially among difficult to reach high-risk groups such as IDUs not in treatment, men who have sex with men but do not identify themselves as gay or bisexual, prostitutes, etc.	8 18	18.3 18.4 18.12	8R 18R	CDC/NCPS	91	See PA 18.	L M	Y A
National Partnership Programs: collaboration between CDC and the American Red Cross to provide training, educational videos, and more than 40 million brochures to help community-based AIDS education programs, especially those targeted to minority populations.	8	8.4 8.6 8.12		CDC/OD CDC/NAIEP	91	$5,000-$10,000		
Implementation of Healthy Communities 2000: Model Standards: cooperative agreement with the American Public Health Association to support implementation of Model Standards.	8 21	8.14 21.3		CDC/PHPPO	91	$100-$500		
Disadvantaged Assistance: development of protocol of identifying students at-risk of dropping out of school.	8	8.2		HRSA/BHPr	91	<$100	L M	Y
Health Professions Training and Education: programs to strengthen and encourage training of nurses in community and school-based settings.	8 21		8P 21P	HRSA/BHPr	91	$1,000-$5,000		C
Health Professions Training and Education: programs to strengthen and encourage training of public health professionals in communities and schools.	8 21		8P 21P	HRSA/BHPr CDC/PHPPO	91	$500-$1,000		
Maternal and Child Health: block grant funding supports educational school based and community-based programs of disease prevention.	8	8.5 8.14		HRSA/MCHB	91	$5,000-$10,000		C Y
Maternal and Child Health Program: advanced education opportunities for health professionals through Treatment of Children with Special Needs Fellowships.	8		8P	HRSA/MCHB	91	$100-$500		C
Groundswell: prototype health promotion training project for tribal leaders acknowledges tribal leaders' responsibility for community health and helps tribes identify and target their most important health problems.	8	8.11		IHS	91	$100-$500	I	
Growing Healthy Curriculum: Cheyenne River Community College and the Cheyenne River Sioux Tribe are participating in a two year project to develop and implement an Indian-specific health education curriculum responsive to the unique health problems of the Indian people.	8	8.11		IHS	91	$100-$500	I	
American Indian Community Prevention and Wellness Programs: addresses morbidity, mortality, health risk factors, chronic diseases, and quality of life; resource centers in Indian communities coordinate, supervise, counsel, refer, train, and administer for programs.	8	8.1 8.11		IHS	91	$1,000-$5,000	I	A O
American Indian Health Education Program: components include school health education, community health education, patient and staff education, and program development.	8	8.4 8.10 8.11		IHS	91	$1,000-$5,000	I	

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Health Services for Youth: services for teenagers through health programs sensitive to specific needs of American Indians, such as alcohol and drug use and abuse, sex education, and nutrition information.	8 2 4 5	2.3 4.13 5.7 8.11		IHS	91	$10,000-$50,000	I	Y
Community Health Promotion Training for American Indians: training in communication and teaching skills for American Indians in devising and implementing locally appropriate lifestyle improvement programs.	8	8.10 8.11		IHS	91	$100-$500	I	
Exploratory Centers for Health and Behavior Research: centers address the link between behavior and health promotion and disease prevention in children and adolescents.	8	8.1	8R	NIH/NCNR	91	$100-$500		Y
Educational and Community-Based Programs: funds to support innovative teaching tools and methods to enhance biomedical education in grades kindergarten through twelve.	8		8R	NIH/NCRR	91	$500-$1,000		
NHLBI Obesity Education Initiative: national collaborative effort to integrate and enhance educational activities concerning obesity; patient and professional educational material will be developed and disseminated through State health departments and other public and private agencies.	8 1 2 6 15 21	1.2 2.3 2.7 2.20 6.5 8.4 8.5 8.9 8.12 8.13 15.10 21.2 21.5 21.6 21.7		NIH/NHLBI	91	See PA 15.	F M	
Community-Based Risk Reduction Research Demonstration Studies: three investigator-initiated community-based research and demonstration programs established in 1981 to develop and assess the effectiveness of community-based programs to prevent atherosclerotic heart disease by modifying behaviors and therefore risk factors that contribute to the development of this disease; specific risk factor targets include smoking, cholesterol-elevating diets, high blood pressure, obesity, and physical inactivity.	8 1 2 3 15	1.2-1.5 2.3 3.4 8.12 8.13 15.4-15.6	1R 2R 3R 8R 15R	NIH/NHLBI	91	See PA 15.		
National High Blood Pressure Education Program: collaborative effort to reduce hypertension in high-risk groups through increased awareness of the value of maintaining proper weight, limiting intake of salt and alcohol, exercising, and following recommendations of physicians in complying with treatment regimens.	8 1 2 4 15 21	1.1-1.3 2.1 2.3 2.5 2.9 4.8 8.1 15.1 15.6-15.9 21.2 21.5 21.6		NIH/NHLBI	91	See PA 15.	M B	A
National Cholesterol Education Program: collaborative effort to encourage the public to have their blood cholesterol measured and to understand the connection between high blood cholesterol and cardiovascular disease. In addition, this program promotes a diet low in saturated fat, total fat, and cholesterol for all Americans over two years old.	8 1 2 15 21	2.1 2.3 2.5 2.9 8.1 15.1 15.6-15.9 21.2 21.5 21.6		NIH/NHLBI	91	See PA 15.		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
CVD Nutrition Education for Low Literacy Skills: initiative to develop and validate nutrition education programs to reduce cardiovascular disease (CVD) risk factors related to nutrition (elevated blood cholesterol, moderately elevated blood pressure, and obesity) in at risk adults with low literacy skills; long-term objective is to provide health professionals with nutrition intervention programs for underserved populations.	8 2 15	2.1 8.1 15.1 15.5 15.8 15.15	2R 15R	NIH/NHLBI	91	See PA 15.	L M	A
APPLI—Assisting Primary-Care Providers with Lipid-Lowering Interventions: demonstration and education research to develop and evaluate primary care models for managing high blood cholesterol based on the guidelines for education, evaluation, and treatment released by the Adult Treatment Panel of the National Cholesterol Education Program.	8 2 15 21	2.1 2.5 2.21 8.1 15.1 15.6-15.8 15.15 21.1 21.5		NIH/NHLBI	91	See PA 15.		A
NHLBI Smoking Education Program: program to reduce death and disability from cardiovascular disease and the incidence of chronic pulmonary disease by decreasing the number of smokers, particularly older Americans and adolescents, through promotion of smoking cessation strategies and establishment of tobacco-free environments.	8 3 15 17	3.1 3.3-3.5 3.10 8.1 8.8 8.10 15.1 15.12 17.1 17.2		NIH/NHLBI	91	See PA 3.		Y O
NHLBI Education and Community-based Programs: research, demonstration, and education programs to increase community involvement in promoting cardiovascular and respiratory health particularly in minority populations and women.	8	8.1 8.5 8.6 8.9 8.12 8.13	8R	NIH/NHLBI	91	$10,000-$50,000	F M	
National Asthma Education Program: collaborative effort to increase awareness of asthma as a serious chronic disease, to ensure proper diagnosis of asthma, and to allow effective control of the disease by promoting a partnership between patients, physicians, and other health care professionals.	8 11 17 21	8.1 11.1 11.5 17.1 21.6	21P	NIH/NHLBI	91	See PA 11.	B H	
National Heart Attack Alert Program: collaborative effort to reduce premature morbidity and mortality from acute myocardial infarct (MI) and sudden death by increasing awareness and knowledge of the symptoms of MI, encouraging immediate action by those involved, and promoting immediate treatment by health care professionals.	8 15 21	8.1 8.8 8.10 15.1 15.12 21.2 21.5 21.6		NIH/NHLBI	91	See PA 15.		A O
Childhood Asthma Management Program (CAMP): trial to determine in a population of 5-9 year old children with asthma, if an intervention program which includes stepped-care medication to maximize lung function and health education programs, can significantly improve growth of function, decrease use of health care resources and limitation of activity and enhance school performance and attendance as well as quality of life when compared to a control group which receives usual care.	8 11 17	8.1 8.9 11.1 17.1	8R 17R	NIH/NHLBI	91	See PA 17.	M	C
Interventions for Control of Asthma Among Black and Hispanic Children: demonstration and education research initiative to develop, implement, and evaluate interventions to achieve long term control of asthma among black and Hispanic children.	8 11 17	8.1 8.10 11.1 17.1	8R 17R	NIH/NHLBI	91	See PA 17.	B H	C

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
National Blood Resources Education Program: collaborative effort to increase public awareness of the need for blood and bone marrow donors (especially those of Hispanic and black origin), to enlighten health professionals in the appropriate use of blood products, and to ensure an adequate supply of safe blood and blood components.	8 18 20	8.1 18.7 20.3		NIH/NHLBI	91	$1,000-$5,000	B H	
Comprehensive Sickle Cell Centers Program: multi-disciplinary programs to conduct basic and clinical research, clinical trials and applications, training, education, and community service.	8 17 21	8.1 8.11 17.1 21.1		NIH/NHLBI	91	See PA 17.	B	I C Y
Child and Adolescent Trial for Cardiovascular Health: research project to measure effectiveness of school-based risk reduction interventions involving three components: cardiovascular curriculum, parent participation, and environmental changes in the school.	8 1 2 3 4 15	1.1-1.6 1.9 2.7 3.5 3.8 8.4 15.1 15.2	1R 2R 3R 4R 8R 15R	NIH/NHLBI	91	See PA 15.	B H	C Y
Strike Out Stroke (SOS): eleven States have been targeted to receive innovative educational programs, mass media campaigns, and outreach to reduce strokes.	8 15	8.10-8.13 15.2		NIH/NHLBI	91	See PA 15.	B	A O
Community-Based Programs: educational and community-based chronic disease control programs, including training programs.	8 17		8R 17R	NIH/NIDDK	91	See PA 17.		
National Library of Medicine Outreach Program: work to improve access to information for rural and other isolated communities; particular emphasis is given minorities and low-income groups.	8	8.10-8.12 8.14 G		NIH/NLM	91	$5,000-$10,000	R L M	
Healthy People 2000 Implementation: special initiatives focused on worksite health promotion, child and school-based health promotion and education, and community-based programs.	8	8.6 8.10		OASH/ODPHP	91	$500-$1,000		C Y A
Market Research on Health Communication with Hard-to-Reach Youth: Results from 20 focus groups with disadvantaged youth from various communities are being used to develop health communications strategies.	8	8.10 8.11	8R	OASH/ODPHP	91	<$100	L	Y
National Health Promotion Program: cooperative agreements with national membership organizations to formulate plans for achieving Healthy People 2000 goals and objectives for special populations and special settings.	8		All	OASH/ODPHP	91	$100-$500	L M	C Y A O
ODPHP National Health Information Center: a clearinghouse of information on health promotion and disease prevention and a referral center of sources of information on health for professionals and consumers.	8		8P	OASH/ODPHP	91	$500-$1,000		
Federal Employees Worksite Health Promotion: with support from the US Office of Personnel Management, this project provides technical assistance to Federal worksites to initiate and improve worksite health and fitness programs.	8 10	8.6 10.12		OASH/ODPHP	91	See PA 10.		A
National Worksite Health Promotion Resource Center: clearinghouse of information on worksite health promotion and disease prevention and a referral center of sources of information.	8 10	8.6 10.12		OASH/ODPHP	91	See PA 10.		A

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Healthy People 2000 Coordination: PHS-wide coordination and staff support for Assistant Secretary for Health's review and oversight of PHS activities to achieve the Healthy People 2000 objectives.	8	8.1-8.14		OASH/ODPHP	91	<$100		
Minority Community Health Coalition Demonstration Program: project focuses on comprehensive, community-wide approaches to improving the health of targeted populations and to reduce the co-existing problems of violence.	8 7	7.1 7.3-7.6	8G	OASH/OMH	91	See PA 7.	M	
Community Coalitions to Support Health and Human Services (Minority Males in Crisis): grants to community-based organizations to respond to the complex problems confronting minority males identified by the community.	8 7 18 19	7.1 7.3 7.6 8.1 8.11 8.12 18.1-18.6 19.1-19.8		OASH/OMH	91	See PA 7.	M	
Other Federal Agencies with Programs for Educational and Community-Based Programs: Department of Agriculture.	8				91			
Other Federal Agencies with Programs for Educational and Community-Based Programs: Department of Defense.	8				91			
Other Federal Agencies with Programs for Educational and Community-Based Programs: Department of Education.	8				91			
Other Federal Agencies with Programs for Educational and Community-Based Programs: Health and Human Services.	8			HHS/ACF	91			
Other Federal Agencies with Programs for Educational and Community-Based Programs: Department of Housing and Urban Development.	8				91			
Other Federal Agencies with Programs for Educational and Community-Based Programs: Department of the Interior.	8				91			
Other Federal Agencies with Programs for Educational and Community-Based Programs: Department of Justice.	8				91			
Other Federal Agencies with Programs for Educational and Community-Based Programs: Department of Labor.	8				91			

9. Unintentional Injuries

Introduction

Injuries are the leading cause of death among Americans aged 1 through 44. The *Healthy People 2000* Unintentional Injuries objectives were formulated to reduce the tragic effects of injury-related morbidity and mortality. The objectives are broad-based, ranging from legislative mandates for occupant protection systems to development of trauma care systems. The strategy to achieve these objectives builds upon efforts already initiated by the Centers for Disease Control (CDC), other PHS agencies, and non-PHS organizations.

Action Summary

CDC, through the National Center for Environmental Health and Injury Control, is the Lead PHS Agency for efforts to achieve the *Healthy People 2000* Unintentional Injuries objectives. CDC has formed a Work Group comprised of PHS agencies, other Federal agencies, and private/voluntary organizations with an interest in injury control. The Work Group will determine priority objectives, develop strategies, and monitor and evaluate activities aimed at achieving the objectives. The Work Group will develop an implementation plan that includes surveillance, research, and intervention through legislative, environmental, and educational projects. Strategies will be based upon feasibility, availability of resources, and current activities.

Implementation of effective trauma care systems, availability of trauma centers, and advances in medical and surgical management have resulted in increased survival rates for seriously injured people, particularly survivors of head and spinal cord injuries. These people need rehabilitation to regain high quality biologic, psychologic, and social functions. The Lead Agency will promote the development of cost-effective rehabilitative systems based upon results of both scientific and applied research.

The Work Group is focusing on the following to help accomplish the *Healthy People 2000* objectives for Unintentional Injuries:

- Establish and publish a national agenda for injury prevention and control with recommendations associated with the *Healthy People 2000* objectives, such as: passage and enforcement of laws and ordinances requiring child safety restraints, seat belt use, motorcycle helmets, and administrative license suspension; development of a national trauma care system; and promotion of hospital-based surveillance systems of non-fatal injuries.
- Develop a national implementation plan for injury prevention and control based on recommendations in the national agenda.
- Develop a national inventory of injury-related activities within PHS and non-PHS agencies to determine the extent of efforts to prevent and control injuries.
- Identify agencies to implement priority recommendations from the national agenda, such as the Consumer Product Safety Commission efforts to require manufacture of cigarettes with low potential for igniting upholstered furniture, and efforts by the National Institute of Disability and Rehabilitation Research, in cooperation with the National Center for Medical Rehabilitation Research, to support an information dissemination and technology transfer program.
- Provide funding and technical assistance to States and communities for developing methods of achieving the *Healthy People 2000* objectives.
- Provide funding for research, surveillance, and evaluation projects associated with the *Healthy People 2000* objectives.

Partnerships for Healthy People 2000

Non-PHS agencies are actively participating in the development and implementation of programs to achieve the *Healthy People 2000* Unintentional Injury objectives. For example, PHS has developed a partnership with the Consumer Product Safety Commission and the National Highway Traffic Safety Administration for research and intervention projects linked to product-related injuries and motor vehicle-related injuries, respectively.

Priority Issues for Future Action

To achieve the Unintentional Injuries objectives, PHS and its partners in support of this priority area will give particular attention to the following issues for future action:

- Enhanced collaboration among health, transportation, law enforcement, fire safety, water safety, recreation, education, and other related sectors to support effective legal and regulatory interventions to prevent injuries.
- Dissemination of community-based, legal, and educational approaches that have demonstrated effectiveness in reducing the incidence of unintentional injuries.

For More Information . . .

Healthy People 2000 Unintentional Injury Coordinator
Division of Injury Control
National Center for Environmental Health and Injury Control
Centers for Disease Control
1600 Clifton Road, NE., Mailstop F-36
Atlanta, GA 30333
(404) 488-4960

Public Inquiries
Centers for Disease Control
Management Analysis and Service Office
1600 Clifton Road, NE., Mailstop D-25
Atlanta, GA 30333
(404) 639-3286

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Trauma Care: focus on the effect of alcoholism in trauma management and outcome; also, study of alcohol and its impact on hospital emergency room admissions.	9 4	9.2 9.22	4G	ADAMHA/NIAAA	91	$100-$500		
Adolescent Drinking and Driving: analysis of drunk driving and risky driving among teenagers including the impact of adolescent attitudes and behaviors towards drinking and driving.	9 4	4.6 4.7 9.1-9.3		ADAMHA/NIAAA	91	$500-$1,000		Y
Alcohol-Related Falls: study of gait, posture, and the role of alcohol in falls among older people.	9 4	9.2 9.4 9.7	4G	ADAMHA/NIAAA	91	$100-$500		O
Driving Under the Influence: epidemiologic research to determine effective deterrents to DUI including in-vehicle BAC testing; the probability of DUI and public drunkenness; economic studies of DUI taxes and laws.	9 4	4.1 4.15 4.18 9.3		ADAMHA/NIAAA	91	$1,000-$5,000		
Injury Prevention: studies of alcohol-related injuries and impaired functions including drownings, occupational hazards, pilot performance, and aviation safety; a national survey of drinking in aquatic settings will also be conducted.	9 4	4.14 9.1 9.2 9.5		ADAMHA/NIAAA	91	$1,000-$5,000		
Alcohol Tolerance: psycho-biological studies of alcohol tolerance and adaptation among drinking drivers.	9 4	4.1 4.2 9.3		ADAMHA/NIAAA	91	$1,000-$5,000		
Traffic Safety: relationship of age and attention to highway safety; the effect of alcohol advertising on highway fatalities; and a demonstration project of State legislation and traffic safety program.	9 4	4.1 4.17 9.1 9.3		ADAMHA/NIAAA	91	$100-$500		
Interaction of Mental Disorders and Physical Illness in Late Life: research on biopsychosocial risk factors, causes, and consequences of acute and chronic illness in older people and how these factors effect rehabilitation, recovery, relapse, and service use.	9 6 17		6R 9R 12R 17R	ADAMHA/NIMH	91	See PA 6.	F D	O
Mental Disorders of Aging: research on the nature, treatment, and prevention of major mental disorders and behavioral dysfunctions in late life such as Alzheimer's disease and related disorders, schizophrenia, personality disorders, anxiety, mania, and sleep disorders.	9 6 17	6R 9R 17R		ADAMHA/NIMH	91	See PA 6.		O
Surgeon General's Alcohol-Impaired Driving Initiative: campaign to increase attention of the public, sellers, servers and involved others to the problems associated with alcohol and driving.	9	9.3		ADAMHA/OSAP	91	$1,000-$5,000		Y A O

Related Issue Codes:
R=Research
S=Surveillance
P=Personnel
G=General

Special Population Codes:
B = Blacks
H = Hispanics
A = Asians/Pacific Islanders
I = American Indians
M = Minorities
L = People with Low Incomes
F = Women
D = People with Disabilities
R = Rural or Migrant Farm Workers

Age Group Codes:
I = Infants
C = Children
Y = Adolescents/Young Adults
A = Adults
O = Older Adults

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Healthy People/Healthy Environments: The Secretary's National Conference on Alcohol-Related Injuries: forum for achieving the Healthy People 2000 Objectives on alcohol-related injuries to make communities healthier places in which to live.	9	9.3		ADAMHA/OSAP	91	$1,000-$5,000		Y A O
Major Trauma Outcome: study compares two severity indexes and tests the better predictor of survival against trauma data; examines injury severity and degree of disability at discharge from acute care.	9	9.11 9.22		AHCPR	91	$100-$500	D	
Head Injury Outcome: study of determinants and factors that predict outcome including severity of injury and rehabilitation services; examine sensitivity of the Abbreviated Injury Scale and the Injury Severity Score.	9	9.9-9.11		AHCPR	91	<$100		
Third National Injury Control Conference: development of the national agenda for injury control, violence control, occupational safety, research, care systems, and rehabilitation.	9 7 10	7.1 7.3-7.6 7.9 7.10 10.1 10.2	9G 10G	CDC/NCEHIC	91	See PA 7.		
National Electronic Injury Surveillance System: monitors nonfatal firearm injuries through the Consumer Product Safety Commission's emergency room surveillance network.	9 6 7	6.2 7.6 7.8 7.11	6S 7S 9S	CDC/NCEHIC	91	<$100		
Emergency Medical Services: focus on reducing premature deaths from cardiac arrest and trauma through feasibility studies for new systems, training of personnel, and improvement of new systems.	9 15	9.22 15.1	9G 9P	CDC/NCEHIC	91	<$100		
Incentive Grants for Injury Control: grants to States for community-based injury control programs.	9 4	4.1 9.1 9.2	9G	CDC/NCEHIC	91	$500-$1,000		
Injury Control Program: supports research in prevention, acute care, and rehabilitation for people with injuries.	9	9.1 9.2	9G 9R	CDC/NCEHIC	91	$5,000-$10,000	D	
Safe Communities: International Conference on Safe Communities focused on the development and evaluation of community safety programs.	9	9.1 9.2	9G 9R	CDC/NCEHIC	91	<$100		
Second World Conference on Injury Control: planned for 1993, the conference will allow participants to evaluate an array of prevention/control programs.	9	9.1	9G	CDC/NCEHIC	91	$100-$500		
State and Community-Based Injury Control Programs: grants to establish coordinated injury programs aimed at reducing injury-related morbidity and mortality.	9	9.1 9.2 9.14-9.17 9.19 9.20 9.22		CDC/NCEHIC	91	$1,000-$5,000		
State Injury Grantees: awards to States for injury initiatives and injury control programs (including surveillance).	9	9.1 9.2	9S	CDC/NCEHIC	91	$100-$500		
Unintentional Injuries: evaluation of injury risk through such activities as linking police and medical records.	9		9S	CDC/NCEHIC	91	$100-$500		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Infant Injury Control and Prevention: participation in the Secretary's Interagency Task Force on Child Abuse and Neglect; funding of research, surveillance, intervention, and evaluation projects aimed at the prevention of injuries to all age groups; development of a report to Congress on childhood injuries and fatal injuries to infants; and research that focuses on the problem of fatal injuries to children.	9			CDC/NCEHIC	91	<$100		I C
National Vital Statistics System (NVSS): collection and publication of data on births, deaths, marriages, and divorces in the United States; followback and other surveys based on the NVSS will also provide information on progress toward the objectives.	9		1S 2S 3S 4S 5S 7S 8S 9S 13S 14S 15S 16S 17S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
National Health Interview Survey: collection and publication of survey data on personal and demographic characteristics, illnesses, injuries, impairments, chronic conditions, use of health resources, and other health topics.	9		1S 2S 3S 6S 8S 9S 13S 14S 15S 16S 17S 18S 20S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
National Hospital Discharge Survey: collection and publication of data from short-stay hospitals on patient diagnosis, gender, age, and length of hospital stay.	9 11 14 17 19		9S 11S 14S 17S 19S	CDC/NCHS	91	See PA 17.		
Oral Facial Injury Prevention: monitoring of sports-related oral facial injuries.	9 13	9.19 13.13		CDC/NCPS NIH/NIDR	91	<$100		
Oral-Facial Injury Prevention: unintentional injury prevention efforts related to automobile accidents; project includes monitoring of seat-belt usage.	9 13		9G 13G	CDC/NCPS NIH/NIDR	91	<$100		
Agricultural Safety and Health: comprehensive safety and health program to identify and prevent causes of injury and disease among agricultural workers and their families through surveillance, research, intervention, and education efforts; funds and technical assistance are targeted to farmers and farm families, communities, schools of agriculture, and other agricultural constituencies to promote awareness, build coalitions, disseminate information, and encourage action to prevent injury and disease.	9 10	10.1-10.4 10.7 10.11-10.14	10R 10S 10P	CDC/NIOSH CDC/NCEHIC	91	See PA 10.	R	A
Child and Youth Injury Prevention: two projects are being funded that focus on sports, fitness, and injury prevention.	9 1 13	1.3-1.5 1.8 1.9 9.19 13.16		HRSA/MCHB	91	See PA 1.		C Y
Childhood Injury: grants to States and communities for special demonstration projects, technical assistance, and research in childhood injury.	9 14	9.1-9.3 14.1		HRSA/MCHB	91	$100-$500		I C Y
Emergency Medical Services (EMS) for Children: expands and improves State-wide systems of emergency medical services to address the needs of acutely ill and seriously injured children.	9 14	9.22 14.1		HRSA/MCHB	91	$1,000-$5,000		C

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
American Indian Injury Prevention Activities: initiatives include community injury control, alcoholism, and tribal and community education.	9 4	4.1 4.8 9.1 9.2		IHS	91	$500-$1,000	I	
Emergency Medical Services for American Indians: services are integrated into overall comprehensive health care programs and is supported by resources from various budget categories.	9	9.22		IHS	91	$1,000-$5,000	I	
American Indian Injury Control: technical assistance contributes to intervention and prevention programs to reduce deaths and lifetime disabilities due to injury.	9	9.1 9.2		IHS	91	$100-$500	I	
Unintentional Injury Prevention Research: research to address the prevention and prediction of childhood injuries, and of fractures in older people by analyzing gait, lifestyles, and risk factors.	9		9R	NIH/NCRR	91	$100-$500		
NHLBI Programs Related to Unintentional Injuries: support of research treatment and prevention of undesirable consequences to the cardiovascular, pulmonary, and hematologic systems as a result of unintentional injuries.	9	9.1 9.4 9.7 9.9		NIH/NHLBI	91	$5,000-$10,000		
Postmenopausal Estrogen/Progestin Interventions (PEPI): initiative to study various postmenopausal estrogen replacement therapies on selected cardiovascular risk factors and osteoporosis.	9 15	9.7 15.1	9R 15R	NIH/NHLBI NIH/NICHD NIH/NIAMS NIH/NIDDK NIH/NIA	91	See PA 15.	F	O
Physical Frailty of Older Adults: research on means to improve strength, prevent disabling falls and fractures, and restore personal independence among older adults, with emphasis on frailty among women and minorities.	9 1 17	1.5 9.4 9.7 17.3	1R 17R	NIH/NIA	91	See PA 17.	M D	O
Interventions to Increase Independence: strategies to reduce and prevent primary physical frailty, including severely impaired strength, mobility, balance, and endurance and to promote independence, improve quality of life, and reduce health care costs.	9 17	17.3	9R	NIH/NIA	91	See PA 17.		O
Sites Testing Osteoporosis Prevention and Intervention Treatments (STOP/IT) program: pilot clinical trials testing means of maintaining or increasing bone strength in older adults, therefore preventing osteoporosis.	9 17	9.7 17.18		NIH/NIA	91	See PA 17.		O
Falls Among Older People: epidemiologic research for fall-related risk factors, sensory-motor dysfunctions, psychobiology of falls among active older people, and implementation of community-based interventions.	9	9.4 9.7		NIH/NIA	91	$1,000-$5,000		
Hip Fractures: grants to study risk factors, determinants of recovery, the impact of prescribed medications, and disability after hip fracture.	9	9.4 9.7 9.11		NIH/NIA	91	$1,000-$5,000	D	O
Musculoskeletal Fitness and Sports Medicine: research into the benefits of exercise and physical fitness	9 1	1.2 1.3 1.5-1.12	1R 9R	NIH/NIAMS	91	See PA 1.		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Role of Calcium in the Etiology and Prevention of Osteoporosis: studies on effects of calcium on bone mass formation during puberty; prevention of age-related bone loss by calcium therapy; control of calcium absorption and metabolism; and the relationship to osteoporosis and related fractures.	9 2 17	2.8	2R 9R 17R	NIH/NIAMS	91	See PA 2.		
Hip Fractures due to Osteoporosis: research into the epidemiology, pathogenesis, and prevention of osteoporosis and related hip fractures.	9 1 2 17	9.7	1R 2R 9R 17R	NIH/NIAMS	91	$1,000-$5,000		
Sports Injuries: epidemiologic studies of musculoskeletal injuries associated with participation in sports and physical exercise.	9 1	9.19	9R 1R	NIH/NIAMS	91	$100-$500		
Hormone Replacement Therapy Research: research on the benefits and risks of replacement hormone therapy in post-menopausal women.	9 17	9.7 17.18		NIH/NIAMS	91	See PA 17.	F	A
Musculoskeletal Diseases: studies on the etiology and pathogenesis of osteoarthritis and musculoskeletal injuries.	9 1 17	9.19 17.2 17.3 17.5	1R 9R 17R	NIH/NIAMS	91	See PA 17.		
Muscle Diseases and Muscle Biology: research into the etiology and pathogenesis of muscle diseases and injuries and studies of muscle structure and contraction.	9 1 17	9.19 17.2 17.3	1R 9R 17R	NIH/NIAMS	91	See PA 17.		
Osteoporosis and Bone Disease: basic, clinical, and epidemiological research into prevention; therapies under study include drug therapy, calcium (nutritional) supplements, estrogen hormone treatment, and exercise.	9 2 17	2.8 9.7 17.18		NIH/NIAMS	91	See PA 2.	F	O
Osteoporosis Research/Extramural: studies causes, diagnosis, treatment, and prevention of osteoporosis-related fractures.	9 17	9.7 17.3	9R 17P 17R	NIH/NIAMS NIH/NIDR	91	See PA 17.		O
Child and Adolescent Injury: research to develop, study, and evaluate interventions to reduce and prevent injuries to children and to better address the array of risk-taking behaviors of adolescents such as smoking, drug use, unprotected sexual activity, and injury producing behavior.	9 3 5 19	3.5 5.6 9.3 9.5 9.6 9.8 9.12 19.10		NIH/NICHD	91	$1,000-$5,000		C Y A
Head and Orofacial Injury: research on cause and impact of orofacial trauma.	9 13	9.19 13.16	9R 13R	NIH/NIDR	91	<$100	M I	Y
Trauma and Head Injury: research on the orofacial outcomes of trauma to the head.	9 13	9.12 9.13 9.19 9.21 13.16	9R 13R	NIH/NIDR	91	$1,000-$5,000		
Head and Spinal Cord Injury: research to understand such injuries and the resulting disorders and brain dysfunctions.	9	9.11		NIH/NINDS	91	$10,000-$50,000		
Nerve Injury Research: program to expand understanding of the nervous system's reaction to injury of spinal cord and head and to increase survival and recovery rates.	9	9.9 9.10	9R	NIH/NINDS	91	$50,000-$100,000		
Head and Spinal Cord Injury: research to understand such injuries and the resulting disorders and brain dysfunctions.	9	9.11		NIH/NINDS	91	$50,000-$100,000		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Understanding the Human Brain: intramural and extramural basic neuroscience research to increase understanding of molecular and cellular neurobiology of cognition, systems, and integrative neuroscience.	9 6 17		6R 9R 17R	NIH/NINDS NIH/NICHD	91	See PA 6.		
Healthy People 2000 Coordination: PHS-wide coordination and staff support for Assistant Secretary for Health's review and oversight of PHS activities to achieve the Healthy People 2000 objectives.	9	9.1-9.22		OASH/ODPHP	91	<$100		
Other Federal Agencies with Programs for Unintentional Injuries: Consumer Product Safety Commission.	9				91			
Other Federal Agencies with Programs for Unintentional Injuries: Department of Defense.	9				91			
Other Federal Agencies with Programs for Unintentional Injuries: Department of Education.	9				91			
Other Federal Agencies with Programs for Unintentional Injuries: Department of the Interior.	9				91			
Other Federal Agencies with Programs for Unintentional Injuries: Department of Transportation.	9				91			
Other Federal Agencies with Programs for Unintentional Injuries: Federal Emergency Management Administration.	9				91			
Other Federal Agencies with Programs for Unintentional Injuries: Federal Trade Commission.	9				91			

10. Occupational Safety and Health

Introduction

Approximately 110 million people make up the American work force, with most spending major portions of their days in their work environments. Although the number of fatal occupational injuries has gradually declined in recent years, work-related illnesses and nonfatal injuries appear to be increasing. During 1987 alone, permanent impairments suffered on the job grew from 60,000 to 70,000, total disabling injuries numbered 1.8 million, and combined occupational illnesses and injuries in the manufacturing industries increased by 13.5 percent.

Action Summary

The Centers for Disease Control (CDC), through the National Institute for Occupational Safety and Health (NIOSH), is the Lead PHS Agency for efforts to achieve the *Healthy People 2000* Occupational Safety and Health (OSH) objectives. The OSH Work Group, convened by the Lead Agency, has developed a draft "Resolution" that commits Work Group members to heightening awareness of the objectives at the national, State, and local levels. The Work Group will: identify current data gaps and assess future data needs for the objectives; establish linkages for influencing national policy and legislation to support the achievement of the objectives; and support collaborative activities for the objectives.

To provide leadership, direction, and promotion of activities to achieve the *Healthy People 2000* objectives, the Work Group has developed an implementation plan to accomplish the following:

- Distribute the *Healthy People 2000* objectives to Work Group members.
- Develop a resource list consisting of organizations and/or individuals who are willing to serve as resources for implementation of the objectives.
- Develop a progress review process.
- Publish a newsletter.
- Sign a resolution with major groups.
- Modify wording of New National Institute for Occupational Safety and Health Cooperative Agreements to contain specific information on the relationship of the objectives to the cooperative agreement and evaluation criterion.
- Develop and implement guidelines for constituent groups to set implementation objectives.
- Develop an Integrated State Program Plan.
- Develop an occupational safety and health protocol for inclusion in the recently published *Assessment Protocol for Excellence in Public Health (APEX/PH).*
- Conduct regional meetings on implementation and achievement of the *Healthy People 2000* objectives (meetings will be convened among interested health, labor, business, and other constituencies in each of the ten PHS Regional Offices).
- Develop a Resource Guide giving examples of successful surveillance, intervention, and health promotion programs and including resource names.

The OSH implementation plan includes a detailed abstract, responsible contributors, projected annual costs, and a schedule for putting these actions into effect.

The first phase of the implementation plan will be the development of guidelines and models for constituencies to promulgate use of the plan. The second phase will be to promote the development of individual constituent plans.

Partnerships for Healthy People 2000

The OSH Work Group was initially organized to include members who were primarily experts in occupational safety and health and who were instrumental in the reporting of the 1990 objectives. They represented a broad range of governmental agencies. Following the development of the *Healthy People 2000* objectives, it was determined that regional, State, local, and non-Federal representatives who could provide valuable expertise at all levels throughout the Nation should be recruited. The Healthy People 2000 Work Group is comprised of public and private sector members who have an interest in achieving the *Healthy People 2000* Occupational Safety and Health objectives and will lead, direct, and promote activities to achieve the *Healthy People 2000* objectives.

Some of the groups represented are the U.S. Conference of Local Health Officers, the Association of State and Territorial Health Officials, the Public Health Foundation, the Association of Schools of Public Health, the American Association of Occupational Nurses, the National Association of County Health Officials, and the National Association of Community Health Centers.

Priority Issues for Future Action

To achieve the Occupational Safety and Health objectives, PHS and its partners in support of this priority area will give particular attention to the following issues for future action:

- Enhanced participation of both the public and private sectors in conducting surveillance, identifying worker risks, conducting research, evaluating health and safety hazards, developing interventions, disseminating prevention methodologies, and training professionals and workers.
- State-level plans and programs to define occupational safety and health measures that are most needed by each State's working population, including targeted safety and health education and information directed to the most hazardous work settings and industries.
- Enhanced collaboration among safety, health, occupational medicine, business and industry, and union and employee association sectors to mount coordinated efforts to improve health and safety programs for workers.
- Increased involvement of State health departments in the prevention of occupational disease and injury and in surveillance of work-related diseases and injuries.

For More Information . . .

Healthy People 2000 Occupational Safety and Health Coordinator
National Institute for Occupational Safety and Health
Centers for Disease Control
1600 Clifton Road, NE., Building 1, Room 3040, Mailstop D-29
Atlanta, GA 30333
(404) 639-3794

Public Inquiries
Centers for Disease Control
Management Analysis and Service Office
1600 Clifton Road, NE., Mailstop D-25
Atlanta, GA 30333
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Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Occupational Exposures and Mental Health Research: research into neuropsychiatric changes in workers exposed to solvents.	10 6	6.4 10.2	10R	ADAMHA/NIMH	91	$5,000-$10,000	M	A
Third National Injury Control Conference: development of the national agenda for injury control, violence control, occupational safety, research, care systems, and rehabilitation.	10 7 9	7.1 7.3-7.6 7.9 7.10 10.1 10.2	9G 10G	CDC/NCEHIC	91	See PA 7.		
Technologies for HIV Prevention: development and testing means of protecting health care and public safety workers from infection.	10 18	18.14	10R	CDC/NIOSH	91	See PA 18.		
Alaska Field Station: prevention research program to collect and analyze occupational injury data and risk factor identification, and to investigate deaths.	10	10.1 10.2	10R 10S	CDC/NIOSH	91	$100-$500		A
Construction Safety and Health: research, surveillance, and intervention program targeted to safety and health problems associated with the construction industry through provision of funds and technical assistance; cooperative agreements are under way with employee organizations and businesses representative of the construction industry and with universities.	10	10.1-10.4 10.7 10.8 10.11 10.13 10.14	10R 10S 10P	CDC/NIOSH	91	$1,000-$5,000		A
State-Based Activities in Occupational Health and Safety: convened "National Conference on State-Based Activities in Occupational Health and Safety" with NCHS, PHPPO, and Department of Labor (Occupational Safety and Health and Bureau of Labor Statistics) to provide a forum for prevention efforts in State-based occupational safety and health activities.	10	10.1-10.15	10G	CDC/NIOSH	91	$100-$500		A
SENSOR: State-based system to promote reporting of and intervention in occupationally-related traumatic injuries and illnesses at the State level.	10	10.2-10.4 10.8 10.11	10S	CDC/NIOSH	91	$1,000-$5,000		A
Carpal Tunnel Syndrome among Meatpackers: health hazard evaluations and recommendations to employers and employees to prevent problems and a demonstration and intervention project in the control of musculoskeletal disorders in the red meatpacking industry.	10	10.3	10R 10S 10P	CDC/NIOSH	91	$100-$500		A
Cumulative Trauma Disorders (CTDs): investigating CTDs among workers through specific worksite investigations, (i.e., poultry industry, grocery stores), analyzing work and work practices and making recommendations for changes, and developing strategies in work practices, such as tool redesign, etc.	10	10.3	10R 10S	CDC/NIOSH	91	$100-$500		A

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Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
National Occupational Health Survey of Mining (NOHSM): field data collection on the mining workforce and their potential exposures to fibers, asbestos, silica, and various chemical exposure agents; developing an automated occupational health information system to include the NOHSM data.	10	10.4 10.11	10S	CDC/NIOSH	91	$100-$500		A
Occupational Skin Disorders: investigating use of workers' compensation claims to identify companies and particular hazards that cause dermatitis; research on methods of examining penetration of chemical agents and on evaluation of chemical permeation of chemical protective clothing materials used in health care and emergency response work; and research on protecting workers from harmful effects of specific physiological stressors.	10	10.4	10R 10S	CDC/NIOSH	91	$100-$500		A
Occupationally Exposed Hepatitis B: assurance of immunization for specific high-risk groups; support for OSHA regulatory policy to offer vaccinations free of charge to health care workers; developing and evaluating strategies for risk reduction and risk management that include changes in work practices and job redesign; development and evaluation of protective technology; use and development of protective equipment and clothing, and evaluation of compliance with CDC guidelines; and development of sampling and analytical methods.	10	10.5 10.9	10S 10R	CDC/NIOSH	91	$100-$500		A
Surveillance of Health Care Workers: hazard evaluation and technical assistance projects focusing on potential hazards present in the health care setting.	10	10.5 10.9	10S	CDC/NIOSH	91	<$100		A
Worksites with Mandated Employee Use of Occupant Protection Systems: developing information sharing guidelines and pilot projects to include gathering data on occurrence of occupationally-related motor vehicle deaths.	10	10.6	10S	CDC/NIOSH	91	<$100		A
Noise-Induced Hearing Loss: research to determine whether impact noise should be treated differently from other industrial noise exposures when developing criteria for safe occupational noise exposures; development of industry-based model noise worksite program for assessment and intervention.	10	10.7	10R	CDC/NIOSH	91	$500-$1000		A
State Occupational Safety and Health Plan: network of sentinel providers to recognize and report cases of selected occupational injuries and illnesses to a State health department; working with OSHSPA and State health departments to include occupational diseases and injuries as entities routinely managed by State health and/or labor departments as part of on-going operations.	10	10.10	10S	CDC/NIOSH	91	$100-$500	R	A
Respiratory Diseases: epidemiological and laboratory research on occupational respiratory diseases and the development of model programs for disease intervention with States, universities, etc.	10	10.11	10R	CDC/NIOSH	91	$5,000-$10,000		A

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Worksite Programs: developing model programs through evaluating use of occupationally coded mortality data as a basis for targeting worksite health promotion activities and disseminating results; also, a cooperative agreement with Laborers' International Union of North America to develop and implement disease prevention and health programs for construction workers.	10	10.12	10R 10S	CDC/NIOSH	91	$100-$500		A
Occupational and Environmental Medicine Training Primary Care Physicians: links clinical faculty from primary care medicine with experts in occupational and environmental medicine.	10	10.15	10P	CDC/NIOSH	91	$100-$500		
Healthy People 2000 OSH Work Group: representatives have been recruited from State, local, regional, and non-Federal agencies who have a common interest in supporting achievement of the Healthy People 2000 OSH objectives and will lead activities toward realizing this national strategy; the group has approved an implementation plan and is distributing the OSH objectives to more than 2,000 professionals on the NIOSH constituency list.	10	10.1-10.15	10G	CDC/NIOSH	91	<$100		A
National Traumatic Occupational Fatalities (NTOF) Database: a State data source to monitor trends in occupational fatalities and used to identify occupations at highest risk for fatal injuries and to target prevention efforts.	10	10.1 10.2	10S	CDC/NIOSH	91	<$100		A
Occupational Fatality Surveillance: helps States conduct traumatic occupational fatality surveillance using the Fatal Accident Circumstances and Epidemiology (FACE) model.	10	10.1	10S	CDC/NIOSH	91	$100-$500		A
Occupational Homicides: development of national strategies to prevent workplace homicides, including use of bullet proof vests for law enforcement officers; barriers around workers in banks, self-service gas stations, and taxis; and increased lighting and visibility in stores.	10	10.1	10R 10S	CDC/NIOSH	91	<$100		A
National Coal Workers' Autopsy Study (NCWAS): program collecting autopsy information on coal miners used to determine eligibility for "Black Lung" compensation and as a research data base, e.g., evaluations of the efficacy of coal mine dust standards, the basic mechanisms involved in the pathogenesis of coal workers' pneumoconiosis (CWP), and the prevalence of CWP and silicosis in coal workers.	10	10.11	10R 10S	CDC/NIOSH	91	$100-$500		A
Worksite Back Injury Programs: developing strategies and model projects; developing methods for reducing stress to the lower back; disseminating work practice guide targeted to low back injuries; and providing technical assistance to include identifying jobs imposing stressful demands, evaluating tasks and making recommendations such as redesigning equipment and installing adjustable work stations; and recommending basic safety training to new employees, followed periodically by refresher training.	10	10.13	10R	CDC/NIOSH	91	$100-$500		A
Small Business: program to identify potential hazards in small businesses, characterize the health and safety problems, develop cost-effective control recommendations, and effectively communicate these recommendations to the small business sector.	10	10.14	10R 10S	CDC/NIOSH	91	$100-$500		A

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Elevated Blood Lead Levels: surveillance program in State health departments to identify exposures, evaluate effectiveness of health and safety regulations, control lead exposures, and disseminate information; development of laboratory methods for evaluation/assessment of lead problems.	10 11	10.8 11.4	10S	CDC/NIOSH CDC/NCEHIC	91	$100-$500		C A
Agricultural Safety and Health: comprehensive safety and health program to identify and prevent causes of injury and disease among agricultural workers and their families through surveillance, research, intervention, and education efforts; funds and technical assistance are targeted to farmers and farm families, communities, schools of agriculture, and other agricultural constituencies to promote awareness, build coalitions, disseminate information, and encourage action to prevent injury and disease.	10 9	10.1-10.4 10.7 10.11-10.14	10R 10S 10P	CDC/NIOSH CDC/NCEHIC	91	$5,000-$10,000	R	A
Mortality Industry and Occupation Coding: development of a national system for occupational mortality surveillance.	10	10.1	10S	CDC/NIOSH CDC/NIEHS	91	$100-$500		A
Surveillance Methods for Occupational Motor Vehicle Injuries: collaboration to improve quality of data on motor-vehicle injuries.	10	10.1 10.2 10.6	10S	CDC/NIOSH/ CDC/NCEHIC DOT/NHTSA	91	<$100		A
Black Lung Clinics Program: project grants or contracts for the operation of clinics that diagnose, treat, and rehabilitate respiratory and pulmonary impairments in active and retired coal miners.	10	10.1 10.2 10.11		HRSA/BHCDA	91	$1,000-$5,000		A O
Federal Employee Occupational Health Programs: encourage wellness and behaviors that prevent work site injury and work-related illness.	10	10.1	10G	HRSA/BHCDA	91	$10,000-$50,000		A
Health Professions Training and Education: programs to strengthen curriculum and training for nurse practitioners and public health professionals in occupational health.	10	10.15	10P	HRSA/BHPr	91	$100-$500		A
Rural Research Center Program: grants for dissemination of information on occupational safety and prevention of occupational-related disease.	10	10.1		HRSA/ORHP	91	$100-$500	R	
Occupational Safety and Health Research: research involves the health risks of workers, exposed to toxic chemicals, drugs, and infectious agents.	10		10R	NIH/NCRR	91	$100-$500		
NHLBI Programs in Occupational Safety and Health: studies of occupational risks leading to development of cardiovascular, pulmonary, and hematologic disease.	10	10.1 10.5	10R	NIH/NHLBI	91	$5,000-$10,000	L M	A
Specialized Centers of Research in Occupational and Immunologic Lung Diseases: interdisciplinary research centers examining the role of inflammation and cellular and humoral activities in interstitial pulmonary fibrosis as well as environmental and occupational exposure.	10 11 17	10.1 11.1 17.1 17.2 17.4	11R 17R	NIH/NHLBI	91	$1,000-$5,000	L M	A
Noise Induced Hearing Loss: research into exposure to occupational and recreational noises, and its effect on the inner ear.	10 17	10.7 17.6	10R	NIH/NIDCD	91	$100-$500		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Environmental Health Sciences Center Grants: grants to university researchers to study agricultural health, asthma, occupational/industrial health, air pollution, water and food pollution.	10 11		10R 11R	NIH/NIEHS	91	See PA 11.	M	
Grain Dust and Lung Disease: epidemiological studies of the relationship between exposure to mixed grain dust and the development of lung disease or respiratory ailments (such as asthma).	10 11	10.2 10.11 11.1	11R	NIH/NIEHS	91	See PA 11.	R	
Healthy People 2000 Coordination: PHS-wide coordination and staff support for Assistant Secretary for Health's review and oversight of PHS activities to achieve the Healthy People 2000 objectives.	10	10.1-10.15		OASH/ODPHP	91	<$100		
Federal Employees Worksite Health Promotion: with support from the US Office of Personnel Management, this project provides technical assistance to Federal worksites to initiate and improve worksite health and fitness programs.	10 8	8.6 10.12		OASH/ODPHP	91	$100-$500		A
National Worksite Health Promotion Resource Center: clearinghouse of information on worksite health promotion and disease prevention and a referral center of sources of information.	10 8	8.6 10.12		OASH/ODPHP	91	$100-$500		A
Other Federal Agencies with Programs for Occupational Safety and Health: Department of Agriculture.	10				91			
Other Federal Agencies with Programs for Occupational Safety and Health: Department of Defense.	10				91			
Other Federal Agencies with Programs for Occupational Safety and Health: Department of Labor.	10				91			
Other Federal Agencies with Programs for Occupational Safety and Health: Department of Transportation.	10				91			
Other Federal Agencies with Programs for Occupational Safety and Health: Department of Veterans Affairs.	10				91			

11. Environmental Health

Introduction

Environmental factors play a central role in the process of human development, health, and disease. Similarly, human factors play a central role in the nature and effects of environmental change. The *Healthy People 2000* Environmental Health priority area points to improvements in the way the Nation responds to environmental factors that are thought to have great potential for preventing damage to human health. The most difficult challenges for environmental health today come from uncertainties about the toxic and ecological effects of the use of natural and synthetic chemicals, fossil fuels, and physical agents in modern society. An estimated 82 percent of major industrial chemicals have not been tested for their toxic properties and links to specific diseases, and only a small proportion of chemicals have been adequately tested for their ability to cause or promote cancer.

Action Summary

The Centers for Disease Control (CDC), through the National Center for Environmental Health and Injury Control, and the National Institutes of Health (NIH), through the National Institute of Environmental Health Sciences, are co-Lead PHS Agencies for efforts to achieve the *Healthy People 2000* Environmental Health objectives. The co-Lead Agencies have determined that reaching the Environmental Health objectives will require substantial efforts by Federal (particularly the Environmental Protection Agency), State, and local health and environmental agencies, private citizens, professional organizations, and community leaders. For this reason, a Work Group was organized in March 1991 to implement and track progress in meeting the Environmental Health objectives; the composition of the Work Group reflects the broad range of contributors to these efforts.

To date, the Work Group has studied problems with existing databases, and discussed the barriers to accomplishing each objective. Generic problems that cut across all the Environmental Health objectives have been identified. They are:

- Difficulties with databases, including year to year changes in requirements and varying agency standards;
- Funding limitations and lack of local infrastructure to address local public health problems; and
- Lack of interagency coordination to tackle major environmental health problems.

The Work Group will develop strategies for overcoming these barriers. In the future, the Work Group will coordinate with the private sector by initiating contacts with key business organizations.

Partnerships for Healthy People 2000

The Lead Agencies invited representatives from the National Association of County Health Officials, the American Public Health Association, the National Environmental Health Association, the Association of State and Territorial Health Officials, the U.S. Conference of Local Health Officers, and the Public Health Foundation to join the Work Group. In addition, representation from the Environmental Protection Agency (EPA) was deemed essential because of EPA's direct responsibility for many of the Environmental Health objectives. State and local health organizations were included to ensure that local and State programs and problems are considered as part of the development of strategies for an action plan.

Priority Issues for Future Action

To achieve the Environmental Health objectives, PHS and its partners in support of this priority area will give particular emphasis to the following issues for future action:

- Through focused research, devise and disseminate methods of reducing the cost of environmental hazard reduction, especially home-based hazards such as lead-based paint and radon.
- Work with local health departments to help them lead their communities in taking action to protect local environmental health. Community actions targeted by the objectives include adopting construction standards that minimize elevated indoor radon levels, requiring that buyers be informed about lead-based paint and radon levels in buildings they purchase, establishing lead-based paint testing programs, and establishing recycling and household hazardous waste programs.
- Continue close coordination and work with the Environmental Protection Agency to ensure integration of human health considerations in programs to reduce air pollution, toxic and municipal waste, and surface and drinking water pollution.

For More Information . . .

Healthy People 2000 Environmental Health Coordinator
National Institute of Environmental Health Sciences
National Institutes of Health
P.O. Box 12233
Research Triangle Park, NC 27709
(919) 629-3484

Healthy People 2000 Environmental Health Coordinator
National Center for Environmental Health and Injury Control
Centers for Disease Control
1600 Clifton Road, NE., Mailstop F-28
Atlanta, GA 30333
(404) 488-4772

Healthy People 2000 Environmental Health Coordinator
Agency for Toxic Substances and Disease Registry
1600 Clifton Road, NE., Mailstop E-28
Atlanta, GA 30333
(404) 639-0727

Division of Public Information
National Institutes of Health
9000 Rockville Pike, Building 1, Room 344
Bethesda, MD 20892
(301) 496-5787

Public Inquiries
Centers for Disease Control
Management Analysis and Service Office
1600 Clifton Road, NE., Mailstop D-25
Atlanta, GA 30333
(404) 639-3286

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Environmental Health Education: cooperative agreements with State health and/or environment departments to educate health professionals on responding to non-workplace exposures to hazardous substances.	11		11P	ATSDR/DHE	91	$100-$500		
Provider Training Related to Hazardous Substance Exposure: cooperative agreement with the Association of Occupational and Environmental Clinics to prepare primary care providers for medical surveillance, screening, diagnosis, and treatment of exposure to hazardous substances.	11		11P	ATSDR/DHE	91	$100-$500		
Risk Assessment Programs for State Health Agencies: meets the demand for environmental expertise in State health agencies through development of programs in risk assessment.	11		11P	ATSDR/DHE	91	<$100		
Provider Training Related to Hazardous Substance Exposure: cooperative agreement with the Association of Occupational and Environmental Clinics to prepare primary care providers for medical surveillance, screening, diagnosis, and treatment of exposure to hazardous substances.	11		11P	ATSDR/DHE	91	$100-$500		
Relationship Between Hazardous Substance Exposure and Human Uptake: toxicological and epidemiological research to determine the levels of hazardous substances associated with adverse health outcomes.	11	11.14 11.16	11R	ATSDR/DHS	91	$5,000-$10,000		
Emergency Response Programs: implementation of emergency event notification systems and emergency response support systems.	11	11.14		ATSDR/DHS ATSDR/DHAC	91	$1,000-$5,000		
Healthy Neighborhoods: promotes the development and maintenance of healthy neighborhoods in areas characterized by poverty, substandard housing, poor sanitation, and lack of health services.	11		11G	CDC/NCEHIC	91	$1,000-$5,000		
Lead Exposure: activities with other Federal agencies, including the Environmental Protection Agency will address exposure through soil, water, air, housewares, food, and the workplace.	11	11.4		CDC/NCEHIC	91	<$100		C A
Childhood Lead Poisoning Prevention: grants to areas with demonstrated severe lead poisoning problems for comprehensive screening and follow-up.	11	11.4 11.16		CDC/NCEHIC	91	$5,000-$10,000	M	I C
Environmental Health Training: cooperative agreement supporting research methodology and training in environmental health chemistry for doctoral candidates.	11		11P	CDC/NCEHIC	91	<$100		

Related Issue Codes:
R=Research
S=Surveillance
P=Personnel
G=General

Special Population Codes:
B = Blacks
H = Hispanics
A = Asians/Pacific Islanders
I = American Indians
M = Minorities
L = People with Low Incomes
F = Women
D = People with Disabilities
R = Rural or Migrant Farm Workers

Age Group Codes:
I = Infants
C = Children
Y = Adolescents/Young Adults
A = Adults
O = Older Adults

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Lead Poisoning Prevention in Infants Program: development of a national surveillance system for elevated blood lead levels and support for childhood lead poisoning screening and follow-up programs.	11	11.4		CDC/NCEHIC	91	$100-$500	M	I
Abatement of Leaded Paint and Paint Contaminated Dust in Housing: increased prevention and awareness programs, including the abatement of hazards.	11	11.4 11.11 11.13		CDC/NCEHIC	91	$100-$500		C
Lead Exposure: activities with other Federal agencies, including the Environmental Protection Agency will address exposure through soil, water, air, housewares, food, and the workplace.	11	11.4		CDC/NCEHIC	91	<$100		C A
National Hospital Discharge Survey: collection and publication of data from short-stay hospitals on patient diagnosis, gender, age, and length of hospital stay.	11 9 14 17 19		9S 11S 14S 17S 19S	CDC/NCHS	91	See PA 17.		
National Health and Nutrition Examination Survey: collection and publication of data on the nutritional and medical status of the United States noninstitutionalized population.	11		1S 2S 3S 11S 13S 15S 16S 17S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
Elevated Blood Lead Levels: surveillance program in State health departments to identify exposures, evaluate effectiveness of health and safety regulations, control lead exposures, and disseminate information; development of laboratory methods for evaluation/assessment of lead problems.	11 10	10.8 11.4	10S	CDC/NIOSH CDC/NCEHIC	91	See PA 10.		C A
Toxic Chemical Research: development of a better capability to assess risks associated with chemicals such as more accurate detection for trace analysis of carcinogens.	11		11R	FDA/NCTR	91	$5,000-$10,000		
Water/Sanitation Projects Among Migrant and Rural People: water treatment at clinic sites, water and waste disposal facilities in communities, and field sanitation units.	11	11.3 11.8 11.9		HRSA/BHCDA	91	$1,000-$5,000	R L	
Health Professions Training and Education: programs to strengthen curriculum for health professionals for treatment and prevention of environment-related illnesses.	11		11P	HRSA/BHPr	91	$100-$500		A
Prenatal and Infant Screening and Education: projects focus on screening for genetic disorders and education on nutrition, breastfeeding, safety, and lead poisoning, especially to high-risk groups.	11 2 14	2.10 2.11 11.4 14.15		HRSA/MCHB	91	See PA 14.	L M	I C
Environmental Health for American Indians: targeted interventions in injury prevention, hazardous materials, sanitation, waste disposal, and water supply.	11		11G	IHS	91	$100-$500	I	
Indian Sanitation Facilities Program: manages the construction of facilities in American Indian and Alaska Native homes for improved water supply, sewage disposal, and solid waste.	11	11.3 11.8 11.9		IHS	91	$50,000-$100,000	I	

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Occupational Chemical Hazards in Rural Areas: research on the risks involved with pesticides, drinking water contaminants, and other chemical substances; programs to reduce or prevent cancer have been started in some high-risk areas or among high-risk populations.	11	10.10 11.7-11.9 16.4		NIH/NCI	91	$10,000-$50,000	R	
Environmental Health Research: resources to help address public health environmental hazards such as lead, radiation, asbestos, and ozone, and also to improve water treatment methods.	11		11R	NIH/NCRR	91	$5,000-$10,000		
Corneal Diseases Program: basic and clinical research relevant to damage to the cornea from injury, disease, or exposure to toxic substances and environmental pollutants.	11 17	17.7	11R 17R	NIH/NEI	91	See PA 17.		
National Asthma Education Program: collaborative effort to increase awareness of asthma as a serious chronic disease, to ensure proper diagnosis of asthma, and to allow effective control of the disease by promoting a partnership between patients, physicians, and other health care professionals.	11 8 17 21	8.1 11.1 11.5 17.1 21.6	21P	NIH/NHLBI	91	$1,000-$5,000	B H	
Childhood Asthma Management Program (CAMP): trial to determine in a population of 5-9 year old children with asthma, if an intervention program which includes stepped-care medication to maximize lung function and health education programs, can significantly improve growth of function, decrease use of health care resources and limitation of activity and enhance school performance and attendance as well as quality of life when compared to a control group which receives usual care.	11 8 17	8.1 8.9 11.1 17.1	8R 17R	NIH/NHLBI	91	See PA 17.	M	C
Interventions for Control of Asthma Among Black and Hispanic Children: demonstration and education research initiative to develop, implement, and evaluate interventions to achieve long term control of asthma among black and Hispanic children.	11 8 17	8.1 8.10 11.1 17.1	8R 17R	NIH/NHLBI	91	See PA 17.	B H	C
Specialized Centers of Research in Occupational and Immunologic Lung Diseases: interdisciplinary research centers examining the role of inflammation and cellular and humoral activities in interstitial pulmonary fibrosis as well as environmental and occupational exposure.	11 10 17	10.1 11.1 17.1 17.2 17.4	11R 17R	NIH/NHLBI	91	See PA 10.	L M	A
NHLBI Programs in Environmental Health: research on the prevention, diagnosis, treatment and rehabilitation of diseases of the heart, lungs, and blood caused by environmental toxins.	11	11.1 11.5	11R	NIH/NHLBI	91	$10,000-$50,000		
Asthma Research: research on the diagnosis, management, and prevention of asthma, encompassing basic, clinical, baseline data and educational studies; particular emphasis on needs of minority children.	11 17	11.1 17.4 17.14	11R 17R	NIH/NHLBI	91	$10,000-$50,000	M	C
Asthma Clinical Trials: address issues associated with asthma in the inner-city (especially among blacks and Hispanics) and childhood asthma.	11 17	11.1 17.4 17.14	11R	NIH/NIAID	91	$1,000-$5,000	B H	I C

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Allergy and Infectious Disease Research in Minority Health: focus on AIDS, sexually transmitted diseases, and asthma; dissemination of information to health care workers practicing in minority communities continues to be a priority.	11 17 18 19	11.1 17.4	11R 17R 18R 19R 19P	NIH/NIAID	91	See PA 17.	M	
Allergy, Immunology, and Transplantation: research on the immune system and its role in allergic diseases, asthma (especially in children and minorities), and organ transplant rejection.	11 17	11.1 17.4	17R	NIH/NIAID	91	See PA 17.	M	I C
Environmental Health: research into toxicology and chronic disease.	11 17		11R 17R	NIH/NIDDK	91	$5,000-$10,000		
Environmental Effects on Early Pregnancy: research examines the molecular events surrounding early fetal development to understand the impact of environmental agents on implantation and early fetal development.	11 14		11R 14R	NIH/NIEHS	91	See PA 14.		I
Applied Toxicological Research and Training Program: testing and evaluation of chemicals that may affect human health, pharmaceutical drugs, and electromagnetic fields (EMF).	11 12		11P 12P	NIH/NIEHS	91	$50,000-$100,000		
Biological Response to Environmental Agents: determination of biological response to exposures and resulting development of disease.	11		11R	NIH/NIEHS	91	$50,000-$100,000		
Effects of Perinatal Exposure to Toxics: research into effects on development and teratogenesis.	11 14		11R 14R	NIH/NIEHS	91	$10,000-$50,000		
Environmental Hazard Identification: development of scientific methodologies to increase the precision of hazard identification.	11		11R	NIH/NIEHS	91	$500-$1,000		
Environmental Hazard Identification: risk analysis of environmental hazards, including molecular understanding of chemical carcinogenesis.	11		11R 11S	NIH/NIEHS	91	$500-$1,000		
Environmental Health Sciences Center Grants: grants to university researchers to study agricultural health, asthma, occupational/industrial health, air pollution, water and food pollution.	11 10		10R 11R	NIH/NIEHS	91	$10,000-$50,000	M	
Environmental Research: focus on human diseases that have environmental components, such as cancer and reproductive problems.	11 5 16	5.3	5R 11R 16R	NIH/NIEHS	91	$50,000-$100,000		
Exposure and Risk Assessment: research focusing on people living close to environmental dioxin and radon.	11	11.6 11.7 11.12 11.13	11R	NIH/NIEHS	91	$5,000-$10,000		
Grain Dust and Lung Disease: epidemiological studies of the relationship between exposure to mixed grain dust and the development of lung disease or respiratory ailments (such as asthma).	11 10	10.2 10.11 11.1	11R	NIH/NIEHS	91	$100-$500	R	
Long Term Effects of Lead Exposure: research into lead toxicity and determining if socioeconomic factors predispose some minority groups to high risk of exposure.	11	11.4	11R	NIH/NIEHS	91	$5,000-$10,000	M L	I C

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Orphan Receptors Research: examination of the impact of chemicals on humans and hazardous exposure levels to devise new strategies for possibly blocking the effects of toxic chemicals and for intervention and treatment of diseases.	11	11.14 11.16	11R	NIH/NIEHS	91	$1,000-$5,000		
Toxicology Information Program: computer-based environmental and toxicological information system that will be widely available to health professionals and scientists.	11		11R 11P	NIH/NLM	91	$1,000-$5,000		
Healthy People 2000 Coordination: PHS-wide coordination and staff support for Assistant Secretary for Health's review and oversight of PHS activities to achieve the Healthy People 2000 objectives.	11	11.1-11.16		OASH/ODPHP	91	<$100		
Other Federal Agencies with Programs for Environmental Health: Department of Agriculture.	11				91			
Other Federal Agencies with Programs for Environmental Health: Department of the Interior.	11				91			
Other Federal Agencies with Programs for Environmental Health: Department of Transportation.	11				91			
Other Federal Agencies with Programs for Environmental Health: Environmental Protection Agency.	11				91			

12. Food and Drug Safety

Introduction

During the Twentieth Century, Americans have been the benefactors of far reaching programs to provide for safety of the food they eat and the drugs they use. Despite the fact that many observers believe that the American public is protected by the most effective food and drug safety regulations in the world, this country still experiences several outbreaks and a significant number of sporadic cases of preventable foodborne illnesses and incidents of drug-caused adverse reactions each year. Depending upon the severity, foodborne diseases can result in illness, needless suffering, and even death. In some instances these outcomes result from failures in the protective systems at the Federal, State, or local levels. In many cases improper handling of foods by consumers has exposed them to needless risk of illness or injury. Similarly, adverse consequences frequently follow the failure of patients to comply with drug regimens. In short, food and drug safety is principally a matter of protective systems, but it also involves well-informed consumers.

Action Summary

The Food and Drug Administration (FDA) is the Lead PHS Agency for efforts to achieve the *Healthy People 2000* Food and Drug Safety objectives. FDA works closely with the Centers for Disease Control (CDC), the Health Care Finance Administration (HCFA), and the Department of Agriculture (USDA) in the implementation of the objectives. An effective strategy requires the use of regulatory measures, model codes, technical assistance, surveillance systems, and public and professional education. A four-faceted strategy incorporates: regulatory measures, including the promulgation of regulations to increase food safety in certain areas; new model codes and technical support to the States and Territories for use in the regulation of all food operations; implementation of surveillance systems to track the incidence of food-borne pathogens; and development of an educational strategy for both the food and drug areas to include: educational communication to consumers regarding safe food handling, and professional and public educational efforts to reduce adverse drug reactions, especially with the use of multiple medications.

The strategy to achieve the *Healthy People 2000* Food and Drug Safety objectives includes agreement between USDA and FDA on a comprehensive plan to control *Salmonella enteritis* in shell eggs, revision of the model food codes for use in institutional food operations, and the subsequent promotion of this document with State and local food regulatory agencies responsible for institutional food safety.

In addition, FDA is completing the Food Protection Unicode, which contains provisions pertaining to food service, food vending, and food retailing; developing and distributing educational materials aimed at an audience of professional food preparers; and developing and distributing educational materials that detail various aspects of food safety that focus on the individual consumer.

Partnerships for Healthy People 2000

It if fully recognized that food and drug safety can only result from a multidisciplinary effort that includes all levels of government, professional organizations, members of a variety of professional disciplines, manufacturers, wholesalers, retail providers, and consumers themselves. Efforts will include working with outside groups and HCFA to assist in the development of suitable implementation plans for the new Medicaid Drug Utilization Review Program, which includes appropriate educational interventions. This program will include a drug use and adverse reaction data system that will be suitable for application at the retail interface level. FDA also is working with outside organizations such as the National Council of Patient Information and Education (NCPIE) and the American Association of Retired Persons (AARP) to develop educational interventions that will promote pharmacist and physician dialogues with patients.

Priority Issues for Future Action

To achieve the Food and Drug Safety objectives, PHS and its partners in support of this priority area will give particular attention to the following issues for future action:

- Enhancement of public education efforts regarding food preparers' role in assuring food safety.
- Review and dissemination of proven methods to protect against transmission of foodborne diseases.
- Collaboration with pharmaceutical organizations to develop and implement systems to assist in identifying potential adverse medication interactions.
- Collaboration with health professional organizations to provide increased emphasis on education to support the appropriate provision of patient education and assessment regarding polypharmacy.

For More Information . . .

Healthy People 2000 Food and Drug Safety Coordinator
Medicine Staff
Food and Drug Administration
Parklawn Building, Room 15-A-08
5600 Fishers Lane, HFY-40
Rockville, MD 20857
(301) 443-5470

Office of Consumer Affairs
Food and Drug Administration
5600 Fishers Lane, HFE-88
Rockville, MD 20857
(301) 443-3170

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Infectious Diseases: investments in personnel, research, and facilities to increase prevention and dissemination of information about prevention of hepatitis B and foodborne diseases.	12 20	12.1 20.3 20.4	20R	CDC/NCID CDC/NCPS	91	See PA 20.		
New Drug Review Process: research and premarketing review of new drug products and new bacterial and viral treatment products.	12	12.5	12R 12S	FDA/CDER FDA/CBER	91	$50,000-$100,000		
Food Labeling Education: update of food label educational materials for health professionals, strengthening of patient education programs in drug label use, and intensification of the health claims investigation program.	12 2	2.5 2.14 12.6		FDA/CFSAN	91	See PA 2.		
Detection of Hazardous Substances: development and improvement of analytical methodologies for the detection of hazardous substances such as Listeria monocytogenes in food and cosmetic products.	12	12.1		FDA/CFSAN	91	$1,000-$5,000		
Enhanced Seafood Safety: surveillance expansion and enforcement of seafood products through inspections and regular monitoring for both domestic and imported seafood to help assure that there is a uniform application of seafood-related public health requirements and standards.	12	12.4	12S	FDA/CFSAN	91	$10,000-$50,000		
Foodborne Pathogen Research: research into effectiveness of radiation in reducing levels of bacteria present on raw poultry.	12	12.1	12R	FDA/CFSAN	91	<$100		
Salmonella Enteritidis Information: labeling shell eggs as "potentially hazardous food" and the distribution of information regarding the handling of shell eggs to regulatory agencies, organizations, universities, and individuals.	12	12.2		FDA/CFSAN	91	<$100		
Postmarketing Surveillance: monitoring the use and safety of marketed drugs and follow-up on potential safety problems with epidemiological research.	12	12.5	12R 12S	FDA/ORA FDA/CDER	91	$5,000-$10,000		
Monitoring the Food Supply for Pesticides: monitoring the food supply for pesticide residues with special emphasis on imported products; close coordination with EPA and USDA will be maintained.	12	12.4	12R	FDA/ORA	91	$10,000-$50,000		
Applied Toxicological Research and Training Program: testing and evaluation of chemicals that may affect human health, pharmaceutical drugs, and electromagnetic fields (EMF).	12 11		11P 12P	NIH/NIEHS	91	See PA 11.		
Pharmacological Sciences Program: research and research training to increase understanding of the interactions of drugs with living systems and the resulting benefits.	12		12R	NIH/NIGMS,	91	>$100,000		

Related Issue Codes:
R=Research
S=Surveillance
P=Personnel
G=General

Special Population Codes:
B = Blacks
H = Hispanics
A = Asians/Pacific Islanders
I = American Indians
M = Minorities
L = People with Low Incomes
F = Women
D = People with Disabilities
R = Rural or Migrant Farm Workers

Age Group Codes:
I = Infants
C = Children
Y = Adolescents/Young Adults
A = Adults
O = Older Adults

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Pharmacology Research Associate Training Program: research program to develop leaders in pharmacological research.	12		12P	NIH/NIGMS	91	$1,000-$5,000		
Healthy People 2000 Coordination: PHS-wide coordination and staff support for Assistant Secretary for Health's review and oversight of PHS activities to achieve the Healthy People 2000 objectives.	12	12.1-12.6		OASH/ODPHP	91	<$100		
Other Federal Agencies with Programs for Food and Drug Safety: Department of Agriculture.	12				91			
Other Federal Agencies with Programs for Food and Drug Safety: Environmental Protection Agency.	12				91			
Other Federal Agencies with Programs for Food and Drug Safety: Federal Trade Commission.	12				91			

13. Oral Health

Introduction

Oral diseases are among the most prevalent health problems in the United States. Although oral health status has been improving on average, especially in children, expenditures for dental care totaled more than $31 billion in 1989. In 1986, dental-related illnesses accounted for 6.4 million days of bed disability, 14.3 million days of restricted activity, and 20.9 million lost work days. Although the prevalence of dental caries among children has steadily declined since the 1940s, oral diseases continue to place a chronic burden on the U.S. population. Among people aged 18 and 19, an average of 12 tooth surfaces have decayed, and among people aged 40 through 44, more than 30 tooth surfaces have been affected by decay.

Several factors that can enhance oral health are improved self-care, including brushing, flossing, and appropriate use of fluorides; receiving regular oral health services; healthy dietary practices; tobacco use cessation; and reduction in alcohol use.

Action Summary

The Centers for Disease Control (CDC), through the National Center for Prevention Services, and the National Institutes of Health (NIH), through the National Institute of Dental Research, are co-Lead PHS Agencies for efforts to achieve the *Healthy People 2000* Oral Health objectives. A variety of activities associated with the 1990 National Health Objectives provided extremely useful collaborative opportunities and experiences for PHS agencies in pursuit of improved national oral health. Follow-up activities in developing the *Healthy People 2000* Oral Health objectives were enhanced by broad participation of the private and voluntary sectors. This experience base positions the Lead Agencies to carry out their responsibilities. There are three main approaches for achieving the Oral Health objectives:

- An internal PHS strategy to achieve broad Federal leadership at the national level, and surveillance, service delivery, and scientific inquiry on behalf of special populations. Other Federal (non-PHS) entities will have an important role.
- An outside strategy to stimulate activity by the non-Federal sector in support of achieving the *Healthy People 2000* objectives.
- A multidisciplinary approach that involves a wide variety of participants, beyond traditional oral health providers, toward achievement of relevant health objectives, whether contained in the Oral Health chapter or other chapters of *Healthy People 2000*.

To help with the internal PHS strategy, the PHS Oral Health Coordinating Committee (OHCC) was established by the Assistant Secretary for Health in 1990. Its purpose is to coordinate a variety of oral health policy issues across agencies, with a particular emphasis on oral disease prevention and health promotion. An initial activity for the OHCC is the establishment of "Oral Health 2000," the PHS initiative to improve the oral health of adult Americans and others at high risk of oral diseases. The basis for its establishment was the recognition that the dramatic declines in average dental caries of school-aged children should be extended into the adult years. Thus, Oral Health 2000 is a principle strategy in support of the Oral Health objectives. All PHS agencies with responsibilities in oral health are represented on the OHCC. The goals and the objectives for Oral Health 2000 are:

Goal: To achieve a functional and healthy oral condition for all adult Americans.

- Objectives: to reduce the occurrence and severity of oral diseases (caries, periodontal diseases, cancer) in the adult population; to prevent unnecessary tooth loss, whether resulting from oral diseases or trauma; and, to alleviate physical, cultural, racial, ethnic, social, educational, economic, health-care delivery system, and environmental barriers to healthy oral functioning. A PHS strategy for the

initiative has been developed and individual agencies are assessing their needs and abilities to contribute to the process.

A variety of efforts are being undertaken on behalf of the oral health of mothers and children. This is particularly important because children and adolescents in high-risk populations (e.g., ethnic and racial minorities, children of low socioeconomic status, and migrant workers) continue to experience much higher rates of oral diseases than the child population as a whole.

Expanded Medicaid coverage of oral health services under Federal legislation passed in 1989 should help finance improved oral health for mothers and children, despite increased pressure on State budgets, mandatory competing fee schedules for other types of services, and a profession that has been minimally engaged in providing oral health services under Medicaid. The Maternal and Child Health Bureau in the Health Resources and Services Administration continues to work closely with the National Association of Community and Migrant Health Centers to expand Federal reimbursement for services and increase services to underserved populations.

Partnerships for Healthy People 2000

A collateral activity to Oral Health 2000, under the same name, is being led by the American Fund for Dental Health (AFDH), a nonprofit foundation dedicated to the improvement of oral health in America. CDC and NIH are providing feasibility support and technical assistance to the AFDH. Numerous corporate entities, voluntary organizations, and foundations are contributing funds and technical expertise. This enables Oral Health 2000 to support community-based demonstration and research projects that can eventually lead to broad-scale applications. While a variety of effective oral disease prevention technologies have existed for years, an effective social strategy for reaching groups most in need of these services has been missing. Oral Health 2000 sets a long-term course to rectify this situation and in the process serves as a welcome partner to PHS efforts.

Priority Issues for Future Action

To achieve the Oral Health objectives, PHS and its partners in support of this priority area will give particular emphasis to the following issues for future action:

- Improved and increased coordination of oral health programs in the Federal Government.
- Increased integration of oral disease prevention and health promotion efforts within "nondental" programs.
- Identification of technical assistance needs in State and local public health programs and enhanced coordination of technical support services.

For More Information . . .

Healthy People 2000 Oral Health Coordinator
National Institute of Dental Research
National Institutes of Health
Westwood Building, Room 534
9000 Rockville Pike
Bethesda, MD 20892
(301) 496-2883

Healthy People 2000 Oral Health Coordinator
Centers for Disease Control
Center for Prevention Services/DDPA
1600 Clifton Road, NE., Mailstop E-09
Atlanta, GA 30333
(404) 488-4450

Information Officer
National Institute of Dental Research
National Institutes of Health
9000 Rockville Pike
Building 31, Room 2C35
Bethesda, MD 20892
(301) 496-4261

Public Inquiries
Centers for Disease Control
Management Analysis and Service Office
1600 Clifton Road, NE., Mailstop D-25
Atlanta, GA 30333
(404) 639-3286

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
National Medical Expenditures Survey: national survey of medical and dental expenditures providing detailed information at the individual level on how Americans use health services, what kinds of services are used, what they pay for this care, and how they finance these costs.	13	13.14	13S	AHCPR	91	<$100		
Outcomes of Dental Care: assessment of the determinants of use of dental care, effects of dental care on oral and general health outcomes, and scientific basis for strategies to improve use.	13	13.14		AHCPR	91	$100-$500		
Clinical Decision Making: research into ways to provide more appropriate dental treatment, including the way in which dentists make decisions; identification of factors important in those decisions.	13		13R	AHCPR	91	$100-$500		
National Vital Statistics System (NVSS): collection and publication of data on births, deaths, marriages, and divorces in the United States; followback and other surveys based on the NVSS will also provide information on progress toward the objectives.	13		1S 2S 3S 4S 5S 7S 8S 9S 13S 14S 15S 16S 17S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
National Health and Nutrition Examination Survey: collection and publication of data on the nutritional and medical status of the United States noninstitutionalized population.	13		1S 2S 3S 11S 13S 15S 16S 17S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
National Health Interview Survey: collection and publication of survey data on personal and demographic characteristics, illnesses, injuries, impairments, chronic conditions, use of health resources, and other health topics.	13		1S 2S 3S 6S 8S 9S 13S 14S 15S 16S 17S 18S 20S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
Dental Caries Prevention: community-based education programs to prevent dental caries and baby bottle tooth decay with a special demonstration project for American Indians.	13	13.1 13.11		CDC/NCPS	91	<$100	I	I
Dental Caries Prevention: coordinate the national monitoring and surveillance system for community water fluoridation of public water systems.	13	13.1 13.9	13S	CDC/NCPS	91	<$100		
Dental Caries Prevention: training and technical assistance to IHS and tribal personnel on community and school water fluoridation.	13	13.1 13.9	13P	CDC/NCPS	91	<$100	I	

Related Issue Codes:
R=Research
S=Surveillance
P=Personnel
G=General

Special Population Codes:
B = Blacks
H = Hispanics
A = Asians/Pacific Islanders
I = American Indians
M = Minorities
L = People with Low Incomes
F = Women
D = People with Disabilities
R = Rural or Migrant Farm Workers

Age Group Codes:
I = Infants
C = Children
Y = Adolescents/Young Adults
A = Adults
O = Older Adults

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Dental Caries Prevention: training and technical assistance to community decision makers and health officials about water fluoridation, topical fluorides, clinical services, and screening.	13	13.1 13.8-13.10		CDC/NCPS	91	$1,000-$5,000		
Fluoride Research: technical assistance to research projects concerning the potential risks and benefits of optimal water fluoridation and availability of other sources of fluoride.	13	13.9 13.10	13R	CDC/NCPS	91	<$100		
Oral Cancer Prevention and Control: identification of high prevalence populations of oral cancer for the purpose of targeting public health education and awareness campaigns.	13 16	13.7 16.1 16.6 16.10 16.14		CDC/NCPS	91	<$100		
Oral Cancer Prevention: development and distribution of a primary prevention project for young elementary school-aged children to reduce the use of smokeless tobacco.	13 3 16	3.9 13.9 16.6		CDC/NCPS	91	<$100		C
Oral Health Promotion and Disease Prevention: participation with NIH in the development of the National Oral Health Information Clearinghouse and contribute health information.	13		13G	CDC/NCPS	91	<$100		
Oral Health Surveillance: support WHO International Collaborative Study of Oral Health Outcomes; also comprehensive study of determinants of oral health among children and adults in predominantly Hispanic communities.	13	13.1-13.6 13.9 13.10 13.14	13S	CDC/NCPS	91	$100-$500	H	
Oral Health Surveillance: provide technical assistance in the collection and analysis of oral health status in States and communities.	13 22	22.1	13S	CDC/NCPS	91	<$100		
Oral Health Care: monitoring the knowledge and attitudes of dental patients concerning oral health practices and use of the dental care system.	13	13.13 13.14		CDC/NCPS	91	<$100		
Oral Cancer Control and Prevention: monitor State-specific information reported in the Behavioral Risk Factor Surveillance System (BRFSS) on smokeless tobacco usage, knowledge, and attitudes concerning risk.	13 3 16	3.9 13.7 16.1 16.6 16.10	13R 16R	CDC/NCPS CDC/NCCDPHP	91	<$100		
Oral Cancer Control and Prevention: analysis and reporting of State-specific oral cancer mortality rates.	13 16	13.7 16.1	13S 16S	CDC/NCPS CDC/NCCDPHP CDC/NCHS	91	<$100		
Oral Health Care: training and technical assistance to community, State, and Federal health agencies on making the dental care environment safe.	13 18	13.13 13.14 18.13 18.14		CDC/NCPS CDC/NCID CDC/NIOSH	91	$100-$500		
Oral Health Care: development of risk communication information for the public and the profession about the safety of the dental care environment (infection control) to support use of the dental care system.	13 18	13.13 13.14 18.13 18.14		CDC/NCPS CDC/NCID CDC/NIOSH	91	$100-$500		
Oral Facial Injury Prevention: monitoring of sports-related oral facial injuries.	13 9	9.19 13.13		CDC/NCPS NIH/NIDR	91	See PA 9.		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Oral-Facial Injury Prevention: unintentional injury prevention efforts related to automobile accidents; project includes monitoring of seat-belt usage.	13 9		9G 13G	CDC/NCPS NIH/NIDR	91	See PA 9.		
Oral Cancer Screening and Anti-Tobacco Counseling: in a migrant health center program, health risk appraisals and oral cancer screenings are used in assessing the use of tobacco products and in counseling patients in tobacco cessation or reduction.	13 3	3.16 13.7		HRSA/BHCDA	91	See PA 3.	R	
Oral Health Promotion and Disease Prevention: provision of oral health prevention and treatment services to underserved and high-risk populations through Community and Migrant Health Centers.	13	13.1-13.16		HRSA/BHCDA	91	$10,000-$50,000	R L I D	I C
Health Professions Education: Advanced Education in General Dentistry; Area Health Education Centers; AIDS Regional Education Training Centers; Geriatric Education Centers; Geriatric Medicine and Dentistry Fellowships; and Health Education Training Centers.	13		13P	HRSA/BHPr	91	$5,000-$10,000	L	I C O
Oral Health Care for HIV Infected People: oral health prevention and treatment services through direct care and case management for people with HIV infection (dental reimbursement, direct services, AIDS service demonstration project).	13 18	13.3 13.5-13.7 13.14	18G	HRSA/BHPr HRSA/BHCDA HRSA/BHRD	91	$1,000-$5,000		
Interagency Agreement with Administration for Children, Youth and Families: dental health training and technical assistance to Head Start programs serving high-risk and low income children.	13	13.1-13.3 13.5 13.6 13.8 13.10-13.12		HRSA/MCHB	91	$1,000-$5,000	L	I C
Maternal and Child Health Program: MCH State Dental Profile and related activities.	13	13.1-13.3		HRSA/MCHB	91	$5,000-$10,000		I C A
Child and Youth Injury Prevention: two projects are being funded that focus on sports, fitness, and injury prevention.	13 1 9	1.3-1.5 1.8 1.9 9.19 13.16		HRSA/MCHB	91	See PA 1.		C
Clinical Dental Caries Prevention: community education programs in the prevention of dental caries and baby bottle tooth decay among American Indians.	13	13.1 13.3 13.4 13.11		IHS	91	<$100	I	C Y A O
Interagency Agreement with Administration for Children, Youth, and Families: dental health training and technical assistance to Head Start programs serving Indian children; also supports prevention of baby bottle tooth decay.	13	13.1 13.2 13.11 13.12		IHS	91	$100-$500	I	I C
American Indian Dental Health: fluoridation of tribal water supplies, use of dental sealants, use of fluoride rinses is emphasized.	13	13.1 13.3 13.4 13.8 13.9 13.10		IHS	91	$5,000-$10,000	I	
Oral Health Promotion and Disease Prevention: patient education, dental sealants, and teeth cleaning are integrated in the delivery of dental services.	13	13.1 13.3-13.8		IHS	91	$5,000-$10,000	I	

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Oral Health Survey: IHS will conduct the survey to determine if oral health status has changed since the last survey in 19831984.	13		13S	IHS	91	<$100	I	
Periodontal Disease Prevention Task Force: Identification of strategies to combat the disease at the community and individual level; Implementation of recommendations to begin in fiscal year 1992.	13	13.5 13.6		IHS	91	<$100	I	
IHS Oral Health Personnel: staff needed to coordinate the IHS health promotion disease prevention effort.	13		13G	IHS	91	$500-$1,000	I	
Oral Health Research: resources for research on the prevention of cavities, gingivitis, plaque formation, and other dental disorders.	13		13R	NIH/NCRR	91	$1,000-$5,000		
Smokeless Tobacco Use: research to understand the impact of smokeless tobacco on the oral cavity and to develop methods of reducing use.	13 3	3.9 13.7	3R	NIH/NIDR	91	See PA 3.		Y A
Head and Orofacial Injury: research on cause and impact of orofacial trauma.	13 9	9.19 13.16	9R 13R	NIH/NIDR	91	See PA 9.	M I	Y
Health Education Material: develop information to increase awareness of preventive procedures.	13		13G	NIH/NIDR	91	$100-$500		
Prevention of Childhood Caries: research on the risk factors and prevention of dental caries.	13	13.1 13.2 13.11	13R	NIH/NIDR	91	$1,000-$5,000	L M	C Y
Prevention of Adult Tooth Loss: research on the oral diseases and processes leading to tooth loss and ways to prevent or reduce impact.	13	13.3 13.4	13R	NIH/NIDR	91	$1,000-$5,000	L M D	A O
Prevention and Control of Periodontal Diseases: research on the underlying causes, risk factors and prevention of periodontal diseases.	13	13.5 13.6	13R	NIH/NIDR	91	$5,000-$10,000	L I	Y A O
Oral Health Promotion and Disease Prevention: participate with CDC in the development of the National Oral Health Information Clearinghouse and contribute oral health information.	13	13.1 13.3 13.7-13.9 13.11		NIH/NIDR	91	<$100		
Protective Dental Sealants: research on improving the quality and durability of dental sealants.	13	13.8	13R	NIH/NIDR	91	$100-$500		C
Epidemiology of Oral Diseases: research on factors of relevance to all oral diseases, and on use of professional services.	13		13G 13R	NIH/NIDR	91	$1,000-$5,000	B D	
Health and Behavior Research: research on the impact of healthful behaviors on oral disease.	13		13G 13R	NIH/NIDR	91	$5,000-$10,000		
Trauma and Head Injury: research on the orofacial outcomes of trauma to the head.	13 9	9.12 9.13 9.19 9.21 13.16	9R 13R	NIH/NIDR	91	See PA 9.		
Other Oral Health Research: research on the prevention of oral soft tissue, malocclusion, and other oral diseases not specific to the objectives but likely to lead to overall improved oral health.	13		13R	NIH/NIDR	91	$5,000-$10,000		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Birth Defects/Abnormal Development: research on risk factors for abnormal orofacial development and cleft palate.	13 14	13.15 14.16	13R	NIH/NIDR	91	$100-$500		I
Infant Feeding Practices: research on the transmission of oral diseases from mother to infant.	13 14	14.16	13R	NIH/NIDR	91	See PA 14.		I
Epidemiological Methods Development and Analysis: development of improved methods for oral health data collection and analysis for cross-sectional and longitudinal studies, as well as improved distribution of data.	13 22	22.1 22.4 22.7	13S	NIH/NIDR	91	See PA 22.		
Fluoride Research: research areas include mechanisms, risks and benefits of different sources of fluoride for childhood and adult caries.	13	13.9 13.10	13R	NIH/NIDR	91	$1,000-$5,000	R L B H I D	I C
Oral Cancer: research on etiology and early treatment for cancers of the oral soft tissue and research into multiple factors for preventing cancers of the soft tissue.	13 16	13.7	13R 16R	NIH/NIDR	91	$1,000-$5,000	B H	A O
Oral Cancer Control and Prevention: collaborative project with CDC to develop an Oral Cavity and Pharyngeal Cancer Monograph; the document is for use by researchers and public health decision-makers to plan prevention and control strategies.	13 16	13.7 16.1 16.10		NIH/NIDR	91	<$100		A O
Nutrition: research on the impact of diet and nutrition on oral conditions and systemic diseases.	13 2		2G 13R 13G	NIH/NIDR	91	$1,000-$5,000		
Oral Health Personnel: program to encourage the development of research skills.	13 21	21.8	13P	NIH/NIDR	91	$1,000-$5,000	M	A
Oral Disease Prevention: initiative in preventing tooth decay, gum disease, and tooth loss, and maintaining oral health status in all age groups, particularly those at high risk.	13		13G	NIH/NIDR	91	$10,000-$50,000		
Disparities in Oral Health: focus on understanding the gap between blacks and whites in oral diseases.	13	13.1-13.7		NIH/NIDR	91	$100-$500	B	
Oral Health of Special Care Populations: research on individuals and groups at high risk (disabled people, disadvantaged people, adults, and older adults) for oral health problems, with a particular focus on forging closer ties with the private sector in research and transfer technology.	13		13R	NIH/NIDR	91	<$100	L D	A O
Research and Action Program: biomedical, behavioral and epidemiological research to understand the relation between oral health status and health behaviors/oral health care use; particular emphasis on the oral health problems of older people.	13	13.14	13R 13G	NIH/NIDR	91	$10,000-$50,000	L M	A O
Healthy People 2000 Coordination: PHS-wide coordination and staff support for Assistant Secretary for Health's review and oversight of PHS activities to achieve the Healthy People 2000 objectives.	13	13.1-13.16		OASH/ODPHP	91	<$100		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Other Federal Agencies with Programs for Oral Health: Department of Defense.	13				91			
Other Federal Agencies with Programs for Oral Health: Department of Education.	13				91			
Other Federal Agencies with Programs for Oral Health: Department of Health and Human Services.	13			HHS/ACF HHS/HCFA	91			

14. Maternal and Infant Health

Introduction

Improving the health of mothers and infants is a national challenge. Although the infant mortality rate is at an all time low, the pace of progress has slowed. Important measures of increased risk of death and disability, such as incidence of low birth weight and receipt of prenatal care, show no recent improvement. Black infants die at twice the rate of white infants, and current studies indicate that mortality rates for some other minority populations have been underestimated. The number of maternal deaths are small but largely preventable, and black women die at three times the rate of white women. The high incidence of cesarean deliveries, inadequate care, and the high rate of unintended pregnancies all contribute to maternal and infant mortality and morbidity. Genetic, metabolic, and other disorders contribute significantly to infant deaths and morbidity, often with long term consequences for infants and their families.

Significant reduction of infant mortality and the elimination of racial and ethnic differences in pregnancy outcome will not occur through simple continuation of current effort. A national, State, and local commitment to improving birth outcomes and maintaining healthy infants is imperative. The *Healthy People 2000* objectives for Maternal and Infant Health provide an ideal framework from which to build comprehensive systems of care for women and infants.

Action Summary

The Health Resources and Services Administration (HRSA), through the Maternal and Child Health Bureau (MCHB), is the Lead PHS Agency for efforts to achieve the *Healthy People 2000* Maternal and Infant Health objectives. MCHB, as the principal Federal agency for planning, implementation, and oversight of national maternal and child health activities, is in a unique position to lead PHS efforts to achieve the objectives.

A key aspect of the strategy to achieve the Maternal and Infant Health objectives is to better target services provided by the States under the Maternal and Child Health Block Grant toward the national health objectives. Administered by MCHB, the block grant requires that State MCH program goals and objectives be consistent with the *Healthy People 2000* objectives and that annual State reports show progress toward these objectives. The Maternal and Infant health status objectives are specifically required as annual reporting elements as are several of the risk reduction and services and protection objectives. There will be State-specific, annual data on progress. Constant Federal-State interaction will identify gaps in service, barriers to programs and policies, and successful interventions and strategies.

Significant initiatives undertaken by Federal agencies and non-Federal entities should contribute to the achievement of the objectives:

- Establish Healthy Start demonstrations, involving community-based coalition development and application of comprehensive interventions in 15 communities with excessive infant mortality rates. An infant mortality reduction goal of 50 percent for the 5-year funding period has been set for each of those communities.
- Enhance use of services through expansion of services and improved financing under such programs as Community and Migrant Health Centers, the Indian Health Service, and Medicaid.
- Increase the training, recruitment, and placement of providers for inadequately served communities working with Public Health Service agencies and professional organizations.
- Build an infrastructure and capacity for delivering substance abuse prevention and treatment services for pregnant women and their infants working with Federal and State agencies.

- Support research that addresses gaps in knowledge such as reasons for pre-term birth and low and very low birth weight, especially among Black women, the etiology of congenital abnormalities and sudden infant death syndrome (SIDS), and factors associated with care-seeking behavior.
- Improve data collection and analysis, surveillance, and monitoring, especially at local and State levels.
- Promote the integration and coordination of services, including improvement and simplification in Federal and State policies and procedures that affect the early and continuous receipt of comprehensive care, e.g., the promulgation and dissemination of the Model Application for federally funded maternal and child assistance programs.
- Improve and increase the accessibility of information to pregnant women, mothers, and fathers regarding prenatal care and parenting skills. This will include a National public information and education campaign under Healthy Start and dissemination of a maternal and child health handbook, the *Healthy Diary*, to every pregnant woman.

Partnerships for Healthy People 2000

Activities related to achieving the objectives will be augmented by the establishment of a Work Group including MCH leadership at the Federal, State, and local government levels and representatives of the provider, academic, business, and consumer communities.

The Work Group will assist in identifying current strategies and barriers to achieving the objectives and will identify gaps in services and knowledge, building on those identified in *Healthy People 2000*. The Work Group will help identify areas requiring the most work as well as strategies to promote achievement of the objectives. The members will be able to assist in the dissemination of information through the organizations they represent and will also be called upon to facilitate and promote needed public-private partnerships.

Priority Issues for Future Action

To achieve the Maternal and Infant Health objectives, PHS and its partners in support of this priority area will give particular emphasis to the following issues for future action:

- Targeted work with State and local health departments and other providers of maternal and child health services to ensure that all people in need of health care are able to obtain it.
- Increased emphasis on Public Health Service agency coordination to ensure that services are provided efficiently and effectively.
- Greater emphasis on understanding gaps in knowledge, including reasons for pre-term birth, low and very low birth weight (especially among black women), and factors associated with care-seeking behavior. This information will be used to make pre- and perinatal care more responsive to individual needs.

For More Information . . .

Healthy People 2000 Maternal and Infant Health Coordinator
Maternal and Child Health Bureau
Health Resources and Services Administration
Parklawn Building, Room 9-31
5600 Fishers Lane
Rockville, MD 20857
(301) 443-5720

Office of Communications
Health Resources and Services Administration
Parklawn Building, Room 14-43
5600 Fishers Lane
Rockville, MD 20857
(301) 443-2086

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Maternal Drug Abuse Amelioration: techniques and interventions are being designed to ameliorate the developmental effects of prenatal drug abuse.	14 4	4.12 14.10		ADAMHA/NIDA	91	See PA 4.		I
Primary Care Provider/Substance Abuse Linkage Initiative: program to increase awareness of disorders by health care providers, appropriate addiction intervention, and encourage professionals to seek professions in the addiction treatment field.	14 4	4.8 4.19 14.10		ADAMHA/NIMH	91	See PA 4.		
Adolescent Pregnancy: grants for research on family and other social factors related to adolescent pregnancy.	14 5	5.1 5.2 5.10 14.5 14.6 14.14		ADAMHA/NIMH	91	See PA 5.	F L M B	
Low Birth Weight: research on family factors and low birth weight.	14	14.5 14.14		ADAMHA/NIMH	91	<$100		I A
Mechanisms of Brain Development: investigations into the requirements for normal brain development and the mechanisms of normal parental behavior.	14		14R	ADAMHA/NIMH	91	$1,000-$5,000		
Infant Health and Maternal Effectiveness and Outcomes Research: research to investigate effectiveness of prenatal care, effects of cesarean section, and factors in birth outcomes.	14	14.8 14.11 14.14		AHCPR	91	$1,000-$5,000		I
Maternal and Infant Health Care and the Disadvantaged: projects to measure the quality and adequacy of prenatal care, examine services use by Hispanics and low income ethnic groups, examine the association between low birth weight outcomes and prenatal care availability, and to examine the effect of AIDS.	14	14.1 14.5 14.11 14.14		AHCPR	91	$10,000-$50,000	L M	
User Liaison Program Workshop: offered State and local officials/policy makers an in-depth look at health services research and related information.	14	14.1 14.5 14.11 14.16		AHCPR	91	$500-$1,000		I
Project to Reduce Prenatal Smoking: results and guidelines for establishing programs distributed to States.	14 3	3.4 3.7 14.5 14.10		CDC/NCCDPHP	91	See PA 3.		I
Prevention of HIV in Women: research into barriers to effective use of contraception among target populations, to evaluate attitudinal factors related to use of contraception among HIV infected women, and to encourage behavioral change among HIV infected women to reduce risk of transmission.	14 5 18	5.6 18.4	5R 14R 18R	CDC/NCCDPHP	91	See PA 18.	F	Y A

Related Issue Codes:
R=Research
S=Surveillance
P=Personnel
G=General

Special Population Codes:
B = Blacks
H = Hispanics
A = Asians/Pacific Islanders
I = American Indians
M = Minorities
L = People with Low Incomes
F = Women
D = People with Disabilities
R = Rural or Migrant Farm Workers

Age Group Codes:
I = Infants
C = Children
Y = Adolescents/Young Adults
A = Adults
O = Older Adults

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Infant Health Initiative Cooperative Agreements: funds prenatal smoking cessation, pregnancy risk assessment monitoring systems, and Centers for Healthy Infants and Pregnancies Surveillance.	14	14.1 14.2 14.5-14.7 14.11 14.13-14.16		CDC/NCCDPHP	91	$1,000-$5,000		I
Infant Mortality Prevention: surveillance, risk assessment, and research in racial and ethnic disparities in infant mortality and low birth weight.	14 3	3.4 3.7 14.1 14.5 14.10 14.14		CDC/NCCDPHP	91	$1,000-$5,000	M	I
Nutrition Surveillance: collection and application of State-based data to track growth retardation, iron deficiency, and breastfeeding practices in low income populations.	14 2	2.4 2.10 2.11 14.9	2S	CDC/NCCDPHP	91	See PA 2.	L	I C
Intentional Injury During Pregnancy: will attempt to establish the epidemiology of intentional injury during pregnancy and the associated effects on maternal and infant health.	14 7	7.4-7.6 7.12 14.1		CDC/NCEHIC	91	See PA 14.	F	I
Fetal Alcohol Prevention: demonstration and evaluation projects for the prevention of fetal alcohol syndrome.	14 17	14.4 17.2 17.8		CDC/NCEHIC	91	See PA 17.		I
Spina Bifida Prevention Research: research on prevention effectiveness of periconceptional supplementation with folic acid in the prevention of spina bifida.	14 17	17.2	14R 17R	CDC/NCEHIC	91	See PA 17.		I
National Vital Statistics System (NVSS): collection and publication of data on births, deaths, marriages, and divorces in the United States; followback and other surveys based on the NVSS will also provide information on progress toward the objectives.	14		1S 2S 3S 4S 5S 7S 8S 9S 13S 14S 15S 16S 17S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
National Health Interview Survey: collection and publication of survey data on personal and demographic characteristics, illnesses, injuries, impairments, chronic conditions, use of health resources, and other health topics.	14		1S 2S 3S 6S 8S 9S 13S 14S 15S 16S 17S 18S 20S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
National Hospital Discharge Survey: collection and publication of data from short-stay hospitals on patient diagnosis, gender, age, and length of hospital stay.	14 9 11 14 17		9S 11S 14S 17S 19S	CDC/NCHS	91	See PA 17.		
HIV Population-Based Research: natural history, transmission, risk factors related to perinatal infection.	14 18	14.1 18.1 18.2	14R 18R	CDC/NCID	91	See PA 18.		I
Infectious Disease in Infants: investigations and interventions in preventable, post-neonatal infant diseases/mortality such as diarrheal illness, measles, and hepatitis B virus (HBV).	14 20	14.1 20.1 20.3 20.7 20.8 20.11		CDC/NCID CDC/NCPS	91	See PA 20.		I

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Health Professions Training and Education: programs to strengthen curricula that focus on the clinical training and patient education, with particular emphasis on sudden infant death syndrome and AIDS.	14		14P	HRSA/BHPr	91	$1,000-$5,000		I
Perinatal Facilities Development: renovation or construction of tertiary perinatal facilities in areas where the infant mortality rate is above the national average.	14	14.14		HRSA/BHRD	91	$500-$1,000		I C
Maternal and Child Health Block Grant Program: funds State and insular areas to provide health services, including preventive and primary care services for women and children.	14		14G	HRSA/MCHB	91	>$100,000	F	I C
Maternal and Infant Health Data Collection: process to assure standardization in reporting and collecting of data to report on maternal and child health activities.	14		14S	HRSA/MCHB	91	$100-$500		
National Fetal and Infant Mortality Review Program: cooperative agreement with the American College of Obstetrics and Gynecology to revise the infant mortality review manual, fund Infant Mortality Review projects, and provide technical assistance to interested communities.	14	14.1 14.2		HRSA/MCHB	91	$100-$500		I
One-Stop Shopping: program to help ensure that pregnant women receive all needed services.	14	14.11		HRSA/MCHB	91	$500-$1,000		I
Prenatal and Infant Screening and Education: projects focus on screening for genetic disorders and education on nutrition, breastfeeding, safety, and lead poisoning, especially to high-risk groups.	14 2 11	2.10 2.11 11.4 14.15		HRSA/MCHB	91	$1,000-$5,000	L M	I C
Prenatal Care: research into relationship between early screening and infant mortality.	14	14.1 14.11 14.13 14.14	14R	HRSA/MCHB	91	$1,000-$5,000		I
Substance Abuse Services for Pregnant Women: cooperative project between HRSA and ADAMHA.	14	14.4 14.10		HRSA/MCHB	91	$500-$1,000		I
Childhood Injury: grants to States and communities for special demonstration projects, technical assistance, and research in childhood injury.	14 9	9.1-9.3 14.1		HRSA/MCHB	91	See PA 9.		I C Y
Emergency Medical Services (EMS) for Children: expands and improves State-wide systems of emergency medical services to address the needs of acutely ill and seriously injured children.	14 9	9.22 14.1		HRSA/MCHB	91	See PA 9.		I C
Maternal and Child Health Research: research to improve pregnancy outcome as well as reduce infancy and childhood morbidity and mortality (funded as part of SPRANS).	14		14R	HRSA/MCHB	91	$1,000-$5,000	M	I C A
Maternal and Child Health Systems: development of service systems/infrastructure for mothers and children (funded as part of SPRANS).	14		14G	HRSA/MCHB	91	$1,000-$5,000		I C A
Healthy Start: broad-based initiative to increase prenatal care for mothers and infants through grants to communities.	14	14.1 14.5 14.11 14.14		HRSA/OA	91	$10,000-$50,000	L M	I

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Fetal Alcohol Syndrome: programs to reduce fetal alcohol syndrome among American Indians by reducing alcoholism using community education and involvement.	14 4	4.8 14.4 14.10		IHS	91	$1,000-$5,000	I	I
American Indian Maternal and Child Health: focused multi-disciplinary response to disability, fetal alcohol syndrome, chronic disease, sudden infant death syndrome, and child abuse.	14 7 17	7.4 7.14 14.14 14.15 14.16 17.2 17.6-17.8		IHS	91	$500-$1,000	I	I
Fetal Alcohol Syndrome Among American Indians: community-based effort includes family planning education, screening, prenatal care, referral, service, and training programs.	14 4 5	4.8 5.2 5.7 14.4 14.15 14.11		IHS	91	$100-$500	I	I
Low Birth Weight Prevention: research to develop interventions to prevent low birth weight and pregnancy complications in high-risk women.	14	14.5 14.7 14.11		NIH/NCNR	91	$1,000-$5,000		I
Nursing Techniques to Reduce Infant Mortality and Morbidity: research into techniques and methods to improve the health of preterm and low birth weight infants.	14	14.15 14.16		NIH/NCNR	91	$1,000-$5,000		
Maternal and Infant Health Prevention Research: research involving high-risk pregnancy prediction, assessment, and intervention, and the study of infant health.	14		14R	NIH/NCRR	91	$1,000-$5,000		
Assessment of the Current Status of Screening and Treatment of Newborns with Sickle Cell Disease: survey to ascertain the change, if any, in the screening of newborns for sickle cell disease between 1989 and 1991.	14	14.15	14S	NIH/NHLBI	91	$100-$500	M	I
NHLBI Programs in Maternal and Infant Health: studies to investigate ways of maintaining cardiovascular and pulmonary health for infants and and for women during pregnancy with special emphasis on minority populations.	14	14.1 14.5 14.10	14R	NIH/NHLBI	91	$10,000-$50,000	F M	I
Specialized Centers of Research in Cystic Fibrosis: research centers to study the basic mechanisms underlying cystic fibrosis and to generate innovative prevention and strategies.	14		14R	NIH/NHLBI	91	$1,000-$5,000		I C Y
Basic Biology of Cardiac Development: initiative to encourage and support fundamental studies of cardiac development in animal models from the time of septation of the heart until birth.	14 15	14.1	15R	NIH/NHLBI	91	$1,000-$5,000		I
Specialized Centers of Research in Respiratory Disorders of Neonates and Children: interdisciplinary centers for basic and clinical research on neonatal respiratory diseases, cystic fibrosis, and bronchiolitis.	14 17	14.1 14.5 17.1	14R 17R	NIH/NHLBI	91	$5,000-$10,000		I C
Transmission of HIV Infection: Phase II Clinical Trial: Phase II clinical trial to determine whether infusions of HIVIG during the last trimester of pregnancy will significantly affect the rate of infection in babies delivered from treated women.	14 18	14.1 14.5 18.1	14R 18R	NIH/NHLBI	91	See PA 18.	F	I

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Basic Developmental Biology of the Vessel Wall: initiative to support research studies on formation of the vessel wall during embryogenesis, and to encourage research addressing the genetic factors controlling phenotypic diversity of the cells of the vascular wall, the factors that initiate and control cell proliferation and differentiation, and the effects of aberrations in these processes that may induce arteriosclerosis and other vascular diseases.	14 15	14.1 15.2	14R 15R	NIH/NHLBI	91	See PA 15.		I
Infant Mortality due to Inherited Connective Tissue Disorders: research into the molecular biology and pathogenesis of osteogenesis imperfecta, epidermolysis bullosa, and other inherited connective tissue disorders that are associated with infant mortality.	14 17	14.1	14R 17R	NIH/NIAMS	91	$1,000-$5,000		
Family Planning: four comprehensive research centers are being created in the area of contraceptive development and infertility; there will be five centers in fiscal year 1992.	14 5	5.3	14R	NIH/NICHD	91	See PA 5.		
Birth Defects and Abnormal Development Research: research focused on DNA and its role in birth defects.	14		14R	NIH/NICHD	91	$5,000-$10,000	D	I
Center for Research for Mothers and Children (CRMC): study issues such as HIV infected mothers, premature delivery, birth defects, low birth weight, infant mortality, drug abuse in pregnancy, SIDS, mental retardation, and human learning and behavior; basic biological research is also conducted to understand the genetics of the developmental process.	14 17	14.1 14.5 17.8		NIH/NICHD	91	>$100,000		I C A
Minority Needs in Maternal and Child Health: research into prevention, particularly in the areas of low birth weight, infant mortality, adolescent pregnancy, and nutrition.	14		14R	NIH/NICHD	91	$50,000-$100,000	M	Y
Prenatal Care Research: focus on fetal effects of drug use during pregnancy and interventions to eliminate drug use by high-risk women.	14 4	4.3 14.10	4R	NIH/NICHD	91	$1,000-$5,000		
Racial Disparities in Incidence of Low Birth Weight and Infant Mortality: exploration of social, cultural, behavioral, and nutritional factors; particular emphasis on blacks and inner-city residents.	14	14.1 14.5	14R	NIH/NICHD	91	$5,000-$10,000	L B	
Sudden Infant Death Syndrome research: focuses on the etiology of SIDS, related sleep patterns, the role of food poisoning, and the identification of SIDS risk factors.	14		14R	NIH/NICHD	91	$10,000-$50,000		I
HIV Population-Based Research: natural history, transmission, risk factors (perinatal infections).	14 18	14.1 18.1 18.2		NIH/NICHD	91	See PA 18.		I
Nutrition as Prevention: research is supported in areas such as perinatal development and osteoporosis.	14 2 17	2.8 2.10 2R 14.5	2R	NIH/NIDDK	91	See PA 2.		I O
Women's Health: participation through research and clinical trials on obesity, diabetes, urological conditions, and osteoporosis.	14 2 17	2.3 2.5-2.10 14.6 14.7 17.9-17.13 17.18	2R 14R 17R	NIH/NIDDK	91	See PA 17.	F B H I	

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Weight and Maternal and Infant Health: research into excessive weight gain and diabetes during pregnancy.	14 2 17	2.3 14.7 17.9-17.11	17R	NIH/NIDDK	91	$10,000-$50,000	F B H I	Y A
Birth Defects/Abnormal Development: research on risk factors for abnormal orofacial development and cleft palate.	14 13	13.15 14.16	13R	NIH/NIDR	91	See PA 13.		I
Infant Feeding Practices: research on the transmission of oral diseases from mother to infant.	14 13	14.16	13R	NIH/NIDR	91	$100-$500		I
Effects of Perinatal Exposure to Toxics: research into effects on development and teratogenesis.	14 11		11R 14R	NIH/NIEHS	91	See PA 11.		
Environmental Effects on Early Pregnancy: research examines the molecular events surrounding early fetal development to understand the impact of environmental agents on implantation and early fetal development.	14 11		11R 14R	NIH/NIEHS	91	$500-$1,000		I
Healthy People 2000 Coordination: PHS-wide coordination and staff support for Assistant Secretary for Health's review and oversight of PHS activities to achieve the Healthy People 2000 objectives.	14	14.1-14.16		OASH/ODPHP	91	<$100		
Minority Community Health Coalition Grant Program: grant awards to help local communities target major causes of death and attendant risk factors, including violence, alcohol and drug use, infant mortality, and cancer.	14 4 7 15 16 18	4.3 4.8 7.1 14.1 14.5 15.1-15.3 16.1 18.1 18.2		OASH/OMH	91	See PA 7.	M	
Family Planning General Training Program: funds for regional training centers to provide training on clinical, counseling, and administrative issues for providers of family planning services.	14 5 18 19		5P 14P 18P 19P	OASH/OPA	91	See PA 5.		Y A
Family Planning STD/HIV Training: special training on diagnosis, treatment, and counseling for sexually transmitted diseases, including HIV, is provided to Title X clinicians (under an agreement with the Centers for Disease Control).	14 5 18 19		5P 14P 18P 19P	OASH/OPA	91	See PA 5.		Y
Family Planning Nurse Practitioner Accreditation Project: funds for the National Association of Nurse Practitioners in Reproductive Health to establish a nationwide accreditation process for family planning nurse practitioner programs.	14 5		5P 14P	OASH/OPA	91	See PA 5.		Y A
Family Planning Research: research to improve the delivery of services in family planning clinics and support the National Survey of Family Growth, which provides data on sexual activity, contraceptive behavior, and childbearing.	14 5 18 19 22		5S 5R 14S 18S 18R 19S 19R 22S	OASH/OPA	91	See PA 5.		Y A
Family Planning Information Exchange: clearinghouse that disseminates information on family planning, contraception, reproductive health, and related issues.	14 5 18 19	5.8-5.10	14G 18G 19G	OASH/OPA	91	See PA 5.		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Adolescent Family Life "Care" Demonstration Projects: care services to pregnant adolescents, adolescent parents, and their families; projects help to reduce repeat adolescent pregnancies, improve social, educational, and health outcomes for adolescent mothers and their babies, and promote adoption as a positive alternative for unmarried pregnant adolescents.	14 5	5.5-5.9 14.1 14.5 14.9		OASH/OPA	91	See PA 14.		Y
Family Planning Substance Abuse Training: special training on the recognition, counseling, and treatment of substance abuse among family planning clients, provided under an agreement with ADAMHA/OTI.	14 4 5 18 19		4P 5P 14P 18P 19P	OASH/OPA ADAMHA/OTI	91	See PA 4.		Y A
Other Federal Agencies with Programs for Maternal and Infant Health: Department of Agriculture.	14				91			
Other Federal Agencies with Programs for Maternal and Infant Health: Department of Defense.	14				91			
Other Federal Agencies with Programs for Maternal and Infant Health: Department of Education.	14				91			
Other Federal Agencies with Programs for Maternal and Infant Health: Department of Health and Human Services.	14			HHS/ACF HHS/HCFA	91			

15. Heart Disease and Stroke

Introduction

Over the past 20 years, the age adjusted death rates for cardiovascular diseases (diseases of the heart and blood vessels) have declined dramatically: 42 percent for coronary heart disease and 56 percent for stroke. Changes in lifestyles and risk factor reduction were major contributors to these dramatic declines. Still, almost as many Americans die from coronary heart disease and stroke as all other diseases combined. Cardiovascular disease is also a leading cause of disability.

Action Summary

The National Institutes of Health, through the National Heart, Lung, and Blood Institute (NHLBI), is the Lead PHS Agency for the 17 objectives and related personnel, surveillance and data, and research needs in the Heart Disease and Stroke priority area.

As detailed in the activity tables that follow, the tools at the disposal of the participating PHS agencies are varied and extensive. The agencies support basic and clinical biomedical research on disease prevention and sponsor demonstration projects to help identify effective health promotion programs. They fund many State and local government initiatives in cardiovascular health promotion and disease prevention and directly serve some of the populations most in need. The agencies also sponsor the development of national educational campaigns on the major risk factors for heart disease and stroke and the formation of coalitions for action. Finally, through surveillance and surveys, the PHS agencies monitor the cardiovascular health of the Nation by collecting and disseminating national, regional, State, and sometimes local level data on the cardiovascular health of the population.

In 1990, the Work Group for the *Healthy People 2000* Heart Disease and Stroke objectives was established, to be led by NHLBI and composed of the PHS and other Federal agencies involved in the area of Heart Disease and Stroke. The strategy of the Working Group for meeting the objectives in this chapter includes the following activities:

- Review progress toward the 17 Heart Disease and Stroke objectives annually, and to report that progress to the States, health professionals, and the public.
- Identify data sources for each objective and ensure that necessary data are being collected to measure national progress.
- Identify barriers to the development and implementation of the successful programs needed to achieve the objectives.
- Recommend action, including program changes and funding levels, not only internally, but also by non-PHS Federal agencies, State and local governments, and the private sector.
- Identify and disseminate information on programs, projects, and initiatives that have been successful in bringing about progress toward the objectives. This includes activities in the nonprofit and private sectors, as well as Federal, State, and local levels of government.

Partnerships for Healthy People 2000

Over the past two decades, a consortium of more than 40 medical and health professional associations, community groups, voluntary health agencies, citizen groups, and government agencies at the Federal and State level have collaborated, under the leadership of NHLBI, in several national educational programs and initiatives to control the major modifiable risk factors for cardiovascular disease: high blood pressure, high blood cholesterol, smoking, obesity, and lack of physical activity. In 1991, NHLBI and other consortium members initiated a national education program to alert Americans to the warning signs of heart attack. Examples of activities that are part of all of these programs are the development and distribution of guidelines for

detection and treatment of high blood cholesterol and high blood pressure, media campaigns to reach targeted segments of the public, and a campaign to Strike Out Stroke in the southeastern United States.

The coordinating committees of the national educational programs have primary responsibility for assuring that State and local health agencies, educational institutions, private and voluntary organizations, and concerned citizens, are provided opportunities to develop activities in support of the *Healthy People 2000* Heart Disease and Stroke objectives that supplement and complement those of the Federal Government.

Priority Issues for Future Action

To achieve the Heart Disease and Stroke objectives, PHS and its partners in support of this priority area will give particular emphasis to the following issues for future action:

- Continue cooperation among PHS programs that affect heart disease, including programs to control high blood pressure and high blood cholesterol, to improve nutrition (especially reduction of saturated fat, total fat, and cholesterol intake), to reduce obesity, to increase physical activity, to reduce cigarette smoking, and to reduce delay in seeking care for chronic or acute conditions.
- Continue work with State and local health departments to help them establish and lead community efforts to reduce heart disease and stroke risk. Continue work with professional organizations to enlist health professionals as partners and advocates to control coronary heart disease risk factors and to incorporate prevention services into routine clinical practice.

For More Information . . .

Healthy People 2000 Heart Disease and Stroke Coordinator
Office of Prevention, Education and Control
National Heart, Lung, and Blood Institute
National Institutes of Health
Building 31, Room 4A03
9000 Rockville Pike
Bethesda, MD 20892
(301) 496-5437

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Patient Outcomes Research and Clinical Guideline Development: identify and analyze the outcomes and costs of alternative approaches of clinical management of coronary artery disease, stroke and stroke rehabilitation, and develop and test methods for reducing inappropriate variations.	15	15.1 15.2	15S 15R	AHCPR	91	$5,000-$10,000		A O
Cardiovascular Health Program: helps provide screening, referral, follow-up, and patient education in the areas of hypertension and cholesterol.	15	15.4-15.7		CDC/NCCDPHP	91	$10,000-$50,000		
Academic Centers for Prevention Research: research funding for health promotion and/or disease prevention projects, that have collaborative ties with other groups and a commitment to evaluation of efficacy and effectiveness; two centers include physical activity studies.	15 1 2 3 16		1R 2R 3R 15R 16R	CDC/NCCDPHP	91	See PA 15.	M	Y A O
Heart Beat—The Rhythm of Health: videotape describing relationship of physical activity to health (mainly cardiovascular disease), discusses interventions and policies.	15 1	1.3-1.7 15.1 15.2		CDC/NCCDPHP	91	See PA 1.		C Y A O
State-Based Physical Activity and Cardiovascular Disease Prevention Programs: programs in Colorado, South Carolina, New York, and Alabama, to help communities reduce cholesterol, high blood pressure, fat consumption, and physical inactivity; some projects have a particular focus on minorities.	15 1 2 8	1.3-1.7 1.11 2.3 2.5 2.7 8.10 15.1 15.2		CDC/NCCDPHP	91	See PA 1.	M	C Y A O
Prevention of Overweight: research into factors influencing successful weight management, the long-term consequences of voluntary weight loss, and identification of prevention strategies for overweight, including physical activity.	15 1 2 17	1.2 2.3 15.10 17.12	1R 2R 15R 17R	CDC/NCCDPHP	91	See PA 2.		Y A
State-Based Dietary Surveillance: analysis and validation of dietary data from the State-based Behavioral Risk Factor Surveillance System to assess intake of dietary fat and fruits and vegetables.	15 2 16	1.6 2.5 15.9 16.6 16.8	2R	CDC/NCCDPHP	91	See PA 2.		A
Inter-Tribal Heart Disease Prevention Project: collaborative project with the Indian Health Service to assess cardiovascular disease and risk factors (including physical activity) and implement and evaluate interventions.	15 1 8	1.1 1.2 1.5 8.10 15.11		CDC/NCCDPHP IHS	91	<$100	I	Y A
Emergency Medical Services: focus on reducing premature deaths from cardiac arrest and trauma through feasibility studies for new systems, training of personnel, and improvement of new systems.	15 9	9.22 15.1	9G 9P	CDC/NCEHIC	91	See PA 9.		

Related Issue Codes:
R=Research
S=Surveillance
P=Personnel
G=General

Special Population Codes:
B = Blacks
H = Hispanics
A = Asians/Pacific Islanders
I = American Indians
M = Minorities
L = People with Low Incomes
F = Women
D = People with Disabilities
R = Rural or Migrant Farm Workers

Age Group Codes:
I = Infants
C = Children
Y = Adolescents/Young Adults
A = Adults
O = Older Adults

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
National Vital Statistics System (NVSS): collection and publication of data on births, deaths, marriages, and divorces in the United States; followback and other surveys based on the NVSS will also provide information on progress toward the objectives.	15		1S 2S 3S 4S 5S 7S 8S 9S 13S 14S 15S 16S 17S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
National Health and Nutrition Examination Survey: collection and publication of data on the nutritional and medical status of the United States noninstitutionalized population.	15		1S 2S 3S 11S 13S 15S 16S 17S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
National Health Interview Survey: collection and publication of survey data on personal and demographic characteristics, illnesses, injuries, impairments, chronic conditions, use of health resources, and other health topics.	15		1S 2S 3S 6S 8S 9S 13S 14S 15S 16S 17S 18S 20S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
Obesity in Women: studies on the relationship of obesity and chronic diseases, such as coronary heart disease, cancer, diabetes, etc.; development of obesity prevention and management programs; special focus placed on black, low income, and American Indian populations.	15 1 2 17	1.2 2.3 2.7 15.10 17.12	2R	NIH/NCI NIH/NIDDK NIH/NICHD NIH/NIA	91	See PA 2.	F L M B I	
Prevention and Treatment of Obesity: includes examination of the relationship of body weight, total body fat, and body fat distribution to health outcomes; the epidemiology of weight gain and successful weight loss; self-directed weight loss strategies; weight loss maintenance behaviors, and the health effects of weight loss and regain; patterns of eating, dietary components (e.g., fat or carbohydrate) on development and treatment of obesity; interaction of environmental and genetic influences and regulation of body fatness; body fat patterns and increased disease risk and mortality; population-wide interventions; diet and exercise effects on weight reduction; and public and professional education.	15 1 2 17	1.2 2.3 2.7 15.10 17.12	2R 2P	NIH/NCI NIH/NIDDK NIH/NICHD NIH/NINDS NIH/NIAMS NIH/NIA NIH/NCNR	91	See PA 2.		
Low-fat Diet Patterns and Health: epidemiological studies of lowfat diet and morbidity/mortality; adherence to a low-fat diet; cancer prophylaxis by low-fat diet; dietary intervention in primary care practices; low-fat diet and weight loss; community-community-based risk reduction demonstration studies; child and adolescent trial of cardiovascular health.	15 2 16	2.1 2.2 2.5 15.9 16.7	2R 2P	NIH/NCI NIH/NIDDK NIH/NCRR	91	See PA 2.	M H	C A
Diet and Physical Activity: behaviors influencing adiposity in infancy and childhood; unhealthy weight reduction strategies; family based obesity treatment; emphasis on women, black, Mexican-American, and low SES populations.	15 1 2	1.3-1.5 1.7 2.3 2.7 15.11	2R	NIH/NCRR NIH/NIA NIH/NICHD NIH/NIDDK	91	See PA 2.	F L B H	I C A
Heart Disease and Stroke Prevention Research: resources to assist the further understanding of hypertension, hypercholesterolemia, and ischemia and the application of this knowledge in preventing heart disease and stroke.	15		15R	NIH/NCRR	91	$10,000-$50,000		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Physical Activity Initiative: prevention education to increase physical activity.	15 1	1.1 1.3 1.4 15.1		NIH/NHLBI	91			s
NHLBI Obesity Education Initiative: national collaborative effort to integrate and enhance educational activities concerning obesity; patient and professional educational material will be developed and disseminated through State health departments and other public and private agencies.	15 1 2 6 8 21	1.2 2.3 2.7 2.20 6.5 8.4 8.5 8.9 8.12 8.13 15.10 21.2 21.5 21.6 21.7		NIH/NHLBI	91	$100-$500	F M	
Community-Based Risk Reduction Research Demonstration Studies: three investigator-initiated community-based research and demonstration programs established in 1981 to develop and assess the effectiveness of community-based programs to prevent atherosclerotic heart disease by modifying behaviors and therefore risk factors that contribute to the development of this disease; specific risk factor targets include smoking, cholesterol-elevating diets, high blood pressure, obesity, and physical inactivity.	15 1 2 3 8	1.2-1.5 2.3 3.4 8.12 8.13 15.4-15.6	1R 2R 3R 8R 15R	NIH/NHLBI	91	$1,000-$5,000		
NHLBI Minority Research Training and Career Development Programs: programs to encourage minority researchers and faculty to develop research skills in areas related to heart, lung, and blood diseases and transfusion medicine.	15 1 3 17 18 21	21.8	1P 3P 15P 17P 18P 21P	NIH/NHLBI	91	$5,000-$10,000		
National High Blood Pressure Education Program: collaborative effort to reduce hypertension in high-risk groups through increased awareness of the value of maintaining proper weight, limiting intake of salt and alcohol, exercising, and following recommendations of physicians in complying with treatment regimens.	15 1 2 4 8 21	1.1-1.3 2.1 2.3 2.5 2.9 4.8 8.1 15.1 15.6-15.9 21.2 21.5 21.6		NIH/NHLBI	91	$1,000-$5,000	M B	A
NHLBI Growth and Health Study: longitudinal cohort study examining diet, physical activity, socioeconomic status, and psychosocial influences that are associated with the development of obesity and cardiovascular risk factors in young black and white females.	15 1 2 6 17	1.1-1.4 1.7 1.8 2.1 2.3 2.5 2.7 2.9 6.5 15.1 15.2 15.4 15.9-15.11 17.1 17.2	1R 2R 6R 15R 17R	NIH/NHLBI	91	See PA 1.	B	C Y
National Cholesterol Education Program: collaborative effort to encourage the public to have their blood cholesterol measured and to understand the connection between high blood cholesterol and cardiovascular disease. In addition, this program promotes a diet low in saturated fat, total fat, and cholesterol for all Americans over two years old.	15 1 2 8 21	2.1 2.3 2.5 2.9 8.1 15.1 15.6-15.9 21.2 21.5 21.6		NIH/NHLBI	91	$1,000-$5,000		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
CVD Nutrition Education for Low Literacy Skills: initiative to develop and validate nutrition education programs to reduce cardiovascular disease (CVD) risk factors related to nutrition (elevated blood cholesterol, moderately elevated blood pressure, and obesity) in at risk adults with low literacy skills; long-term objective is to provide health professionals with nutrition intervention programs for underserved populations.	15 2 8	2.1 8.1 15.1 15.5 15.8 15.15	2R 15R	NIH/NHLBI	91	$1,000-$5,000	L M	A
APPLI—Assisting Primary-Care Providers with Lipid-Lowering Interventions: demonstration and education research to develop and evaluate primary care models for managing high blood cholesterol based on the guidelines for education, evaluation, and treatment released by the Adult Treatment Panel of the National Cholesterol Education Program.	15 2 8 21	2.1 2.5 2.21 8.1 15.1 15.6-15.8 15.15 21.1 21.5		NIH/NHLBI	91	$500-$1,000		A
Cost-Effective Strategies of Cholesterol-Lowering: initiative to develop quantitative models of the potential extension of life and good health attainable by lowering blood cholesterol levels to prevent the progression and sequelae of atherosclerotic coronary heart disease and to compare the cost-effectiveness of cholesterol-lowering with other strategies of CHD prevention and treatment.	15 2	2.1 15.1 15.5 15.8 15.15		NIH/NHLBI	91	$100-$500		
Do Fish Oils Prevent Restenosis Post Coronary Angioplasty?: clinical trial to evaluate whether supplementing diet with n-3 polyunsaturated fatty acids affects rate of restenosis in patients undergoing percutaneous transluminal coronary angioplasty.	15 2	2.1 15.1	15R	NIH/NHLBI	91	$1,000-$5,000		A O
Postprandial Lipoproteins and Atherosclerosis: initiative to determine whether postprandial lipoproteins are associated with atherosclerosis, and, if so, whether the association is statistically independent of that between fasting lipoproteins and atherosclerosis.	15 2	2.1 15.1	2R 15R	NIH/NHLBI	91	$1,000-$5,000		
USDA Consumer Nutrition Center—Nutrient Data Research Branch: to strengthen the NHLBI nutrition data system by (1) expediting continued compilation of accurate food composition data for nutrients associated with heart, lung, and blood diseases, and (2) assisting in development of data-based coding rules for calculation of nutrient content of foods subjected to a variety of preparation procedures.	15 2	2.1 15.1	2S 15S	NIH/NHLBI	91	<$100		
USDA Nutrient Composition Laboratory: to increase the accuracy of the NHLBI nutrient data system by (1) development of new or improved analytic techniques for nutrients and other food components of interest to the heart, lung and blood disease research community, (2) expediting the acquisition and dissemination of accurate nutrient composition data using newly developed and improved methods for nutrients and other food components, and (3) supporting quality control programs to increase the accuracy of food analyses.	15 2	2.1 15.1	2S 15S	NIH/NHLBI	91	$100-$500		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Women's Health Trial: Minority Feasibility Study—Cardiovascular Component: cardiovascular component of the NCI feasibility study for a clinical trial to assess the effect of a low-fat (20% of calories) diet on breast cancer and on heart disease in postmenopausal women. The study will evaluate the feasibility of recruiting and intervening with minority and/or low socioeconomic status women. The feasibility study will involve 3,000 women in 3 clinical centers for 3 years, and the full-scale study would involve 24,000 women for 14 years.	15 2	2.1 2.5 15.1	2R 15R	NIH/NHLBI	91	$100-$500	F L M	
NHLBI Programs on Tobacco Use: research related to the effects of tobacco use on the development of cardiovascular disease and chronic pulmonary disease, and development of educational programs to decrease the use of tobacco, with particular emphasis on minority populations and women.	15 3 17	3.1 3.3-3.8 3.10 3.11 3.16	3R 15R 17R	NIH/NHLBI	91	See PA 3.	F M	Y O
NHLBI Smoking Education Program: program to reduce death and disability from cardiovascular disease and the incidence of chronic pulmonary disease by decreasing the number of smokers, particularly older Americans and adolescents, through promotion of smoking cessation strategies and establishment of tobacco-free environments.	15 3 8 17	3.1 3.3-3.5 3.10 8.1 8.8 8.10 15.1 15.12 17.1 17.2		NIH/NHLBI	91	See PA 3.		Y O
Smoking Cessation Strategies for Minorities: research initiative to test minority-specific strategies for recruitment to smoking cessation, for achieving cessation, and/or for maintaining smoking abstinence.	15 3	3.1 3.3-3.7 3.10 15.1 15.12	3R	NIH/NHLBI	91	See PA 3.	M	
Trial of Alcohol Restriction in the Treatment of Mild Hypertension: initiative to determine the effects of restricting alcohol on patients with mild hypertension.	15 4	4.8 15.1-15.3	4R 15R	NIH/NHLBI	91	$500-$1,000		A
Psychophysiological Investigations of Myocardial Ischemia (PIMI): initiative to investigate the mechanisms through which mental events precipitate myocardial ischemic episodes, and evaluate potential behavioral interventions.	15 6	6.5 15.1	6R 15R	NIH/NHLBI	91	$100-$500		
National Heart Attack Alert Program: collaborative effort to reduce premature morbidity and mortality from acute myocardial infarct (MI) and sudden death by increasing awareness and knowledge of the symptoms of MI, encouraging immediate action by those involved, and promoting immediate treatment by health care professionals.	15 8 21	8.1 8.8 8.10 15.1 15.12 21.2 21.5 21.6		NIH/NHLBI	91	$100-$500		A O
Basic Biology of Cardiac Development: initiative to encourage and support fundamental studies of cardiac development in animal models from the time of septation of the heart until birth.	15 14	14.1	15R	NIH/NHLBI	91	See PA 14.		I
Asymptomatic Cardiac Ischemia Pilot Treatment Study (ACIP): pilot feasibility study to determine the efficacy of single drug and drug combination therapy for control of silent myocardial ischemia in patients known to have coronary heart disease.	15	15.1	15R	NIH/NHLBI	91	$1,000-$5,000		A O

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Basic Developmental Biology of the Vessel Wall: initiative to support research studies on formation of the vessel wall during embryogenesis, and to encourage research addressing the genetic factors controlling phenotypic diversity of the cells of the vascular wall, the factors that initiate and control cell proliferation and differentiation, and the effects of aberrations in these processes that may induce arteriosclerosis and other vascular diseases.	15 14	14.1 15.2	14R 15R	NIH/NHLBI	91	$1,000-$5,000		I
Blood Pressure Control and Stroke Mortality: a study to assess the relationships between trends in high blood pressure treatment and control and trends in mortality for stroke, coronary heart disease, congestive heart failure, all hypertension-related causes and total mortality.	15 17		15S 17S	NIH/NHLBI	91	<$100		
Bypass Angioplasty Revascularization Investigation (BARI): clinical trial to assess the relative efficacy of percutaneous transluminal coronary angioplasty and coronary artery bypass graft surgery in patients requiring revascularization.	15	15.1	15R	NIH/NHLBI	91	$5,000-$10,000		A O
Cholesterol Reduction in Seniors Program (CRISP): a collaborative pilot study of the feasibility of a randomized clinical trial of cholesterol-lowering in older men and women, using an HMG-CoA reductase inhibitor.	15	15.1 15.6-15.8	15R	NIH/NHLBI	91	$1,000-$5,000		O
Honolulu Heart Program: epidemiologic study of 5,000 Japanese-American men living in Hawaii who are members of the Honolulu Heart Study Cohort first enrolled in 1965 when they were aged 45 to 65 years old; physical examinations and surveillance are performed to assess the study participants' cardiovascular and pulmonary morbidity and mortality.	15	15.1	15S	NIH/NHLBI	91	$1,000-$5,000	A	O
Mechanisms of Hypertension in Black Men and Women: initiative to stimulate investigators to apply modern technologies to study molecular, biochemical, cellular, and physiologic mechanisms involved in the pathogenesis of hypertension in blacks to develop the foundation of knowledge necessary for new and more precise diagnostic and treatment modalities.	15	15.1 15.2	15R	NIH/NHLBI	91	$1,000-$5,000	B	A
Models for Hypertension Research Using Transgenic Animals: initiative to foster the development and use of transgenic animal models to study basic molecular, biochemical, cellular and physiological mechanisms involved in the pathogenesis of hypertension.	15	15.1 15.2	15R	NIH/NHLBI	91	$1,000-$5,000		
Molecular Genetics of Hypertension in Humans and Animals: initiative to stimulate research to identify the location of the genes that play a significant role in the pathogenesis of hypertension, to characterize those genes and the mechanisms governing their expression, and to determine the gene products and their modes of action.	15	15.1-15.5	15R	NIH/NHLBI	91	$1,000-$5,000		
NHLBI Heart and Vascular Diseases Program: an integrated and coordinated research program to advance knowledge of the causes, diagnosis, treatment, and prevention of heart and vascular diseases.	15	15.1-15.17	15R	NIH/NHLBI	91	>$100,000		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Post Coronary Artery Bypass Graft Study: clinical trial to determine if lowering cholesterol by drug therapy or the use of an antithrombotic agent (warfarin) will prevent the progression of late graft atherosclerosis; a biobehavioral component will explore factors predicting adjustment to bypass surgery.	15	15.1 15.7	15R	NIH/NHLBI	91	$1,000-$5,000		A
Preventive Cardiology Academic Award: program to develop high-quality preventive cardiology curricula in schools of medicine and osteopathy that will significantly increase the opportunities for minority students, house staff, and fellows to learn both the principles and practice of preventive cardiology.	15	15.1	15P	NIH/NHLBI	91	$500-$1,000	M	
Specialized Centers of Research (SCOR) in Thrombosis: multi-disciplinary research centers to expedite the development and application of new knowledge essential for improved prevention, diagnosis, and treatment of thrombosis and thromboembolic disorders.	15	15.1 15.2	15R	NIH/NHLBI	91	$5,000-$10,000		O
Specialized Centers of Research in Coronary and Vascular Diseases, Heart Failure, and Congenital Heart Disease: encourage and support multidisciplinary fundamental and clinical research directed at advancing knowledge and improving the diagnosis, treatment, and prevention of the designated cardiovascular diseases.	15	15.1 15.4-15.16	15R	NIH/NHLBI	91	$10,000-$50,000		
Specialized Centers of Research in Hypertension: encourage and support multidisciplinary fundamental and clinical research directed at advancing knowledge and improving the diagnosis, treatment, and prevention of hypertension.	15	15.1-15.3	15R	NIH/NHLBI	91	$5,000-$10,000		
Specialized Centers of Research on Arteriosclerosis: interdisciplinary research centers studying hyperlipidemia and vascular diseases.	15	15.1 15.2 15.7 15.17	15R	NIH/NHLBI	91	$10,000-$50,000		
Studies of Left Ventricular Dysfunction (SOLVD): clinical trial comparing several drug treatments of left ventricular dysfunction due to ischemic or hypertensive heart disease; success is measured in reduced morbidity and mortality in symptomatic and asymptomatic patients.	15	15.1	15R	NIH/NHLBI	91	$1,000-$5,000		A O
Systolic Hypertension in the Elderly Program (SHEP): clinical trial to assess whether long-term administration of antihypertensive therapy to elderly subjects with isolated systolic hypertension reduces incidence of fatal and nonfatal stroke.	15	15.2	15R	NIH/NHLBI	91	$1,000-$5,000		O
Thrombolysis in Myocardial Ischemia (TIMI): clinical trial to establish the safety and efficacy of alternative pharmaceutical agents to dissolve blood clots that cause myocardial infarctions.	15	15.1	15R	NIH/NHLBI	91	$1,000-$5,000		A
Trial to Evaluate the Effect of Digitalis on Mortality in Heart Failure: initiative to determine whether digitalis has a beneficial, harmful, or no effect on rehospitalization and mortality in patients with congestive heart failure.	15	15.1	15R	NIH/NHLBI	91	$1,000-$5,000		A O

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Insulin, Insulin Resistance, Hyperglycemia and Cardiovascular Disease: multi-center study of the relationship of insulin and insulin resistance to cardiovascular disease (CVD) and its risk factors over a range of glucose tolerance from normal to overt diabetes.	15 17	15.1 17.1 17.2 17.9 17.11	15R 17R	NIH/NHLBI	91	$1,000-$5,000		
Pediatric Lung and Heart Complications of Human Immunodeficiency Virus (HIV) Infection: multi-center natural history study to characterize the pulmonary and cardiovascular disorders that occur in association with pediatric human immunodeficiency virus (HIV) infection.	15 18	15.1 18.2	15R 18R	NIH/NHLBI	91	See PA 18.	L M	I C
Dietary Intervention Study in Children (DISC): assess the feasibility, acceptability, efficacy, and safety of dietary intervention in children and adolescents with elevated low-density lipoprotein cholesterol levels.	15 2	2.1 2.5 15.1 15.2 15.8 15.9	2R 15R	NIH/NHLBI	91	$1,000-$5,000		C Y
Lipid Research Clinics: research on improved diagnosis and management of hyperlipoproteinemia; prevalence of abnormalities, their causes and treatment; and effect of treatment on premature atherosclerosis.	15 2	2.1 15.1 15.2	2R 15R	NIH/NHLBI	91	See PA 2.		A
Trials of Hypertension Prevention (ToHP): initiative to determine whether diastolic and systolic blood pressure can be lowered and a substantial proportion of new cases of hypertension be prevented by weight loss or sodium restriction, and if so, which intervention or combination is most effective. Assess value of shifting practice from current "high risk" detection and treatment to one in which primary prevention is emphasized.	15 2	2.1 2.3 2.7 2.9 15.1 15.2 15.4 15.5 15.10	2R 15R	NIH/NHLBI	91	$5,000-$10,000	B	A
Atherosclerotic Risk in Communities: large-scale, long-term program measuring associations of established and suspected coronary heart disease (CHD) risk factors with both atherosclerosis and new CHD events in men and women from four diverse communities; project includes community surveillance and repeated examinations of a representative cohort of men and women in each community.	15 1	1.1 1.3 1.4 15.1 15.2		NIH/NHLBI	91	$5,000-$10,000		A
Cardiovascular Health Study: research to investigate risk factors for coronary heart disease and stroke in older adults, including the factors association with preclinical cardiovascular diseases and the social and psychologic circumstances surrounding a cardiovascular event.	15 1 2 3 6	1.1 1.3 1.4 2.1 3.1 6.5 15.1 15.6 15.8	1R 2R 3R 6R 15R	NIH/NHLBI	91	$1,000-$5,000	D	O
Coronary Risk Development in Young Adults (CARDIA): a prospective epidemiologic investigation of the precursors and determinants of coronary heart disease (CHD) risk factors and their evolution over time in a biracial cohort of young men and women (aged 18-30).	15 1 2 3	1.1 1.3 1.4 2.1 2.3 2.5 3.1 15.1 15.2 15.6 15.8	1R 2R 3R 4R 15R	NIH/NHLBI	91	$5,000-$10,000	B	Y
Child and Adolescent Trial for Cardiovascular Health: research project to measure effectiveness of school-based risk reduction interventions involving three components: cardiovascular curriculum, parent participation, and environmental changes in the school.	15 1 2 3 4 8	1.1-1.6 1.9 2.7 3.5 3.8 8.4 15.1 15.2	1R 2R 3R 4R 8R 15R	NIH/NHLBI	91	$5,000-$10,000	B H	C Y

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Framingham Heart Study: continuation of longitudinal investigation, initiated in 1948 in Framingham, Massachusetts, of constitutional and environmental factors influencing the development of cardiovascular disease in men and women free of these conditions at the outset. Periodic exams on the surviving members of the original cohort, their offspring, and of the spouses of the offspring (total subjects = 10,344), provide information on physical activity, blood pressure, diet, body weight, occupational history, psychosocial factors, and personal habits such as smoking. Endpoints include coronary heart disease, stroke, hypertension, congestive heart failure, and peripheral arterial disease. Inclusion of offspring in the study allows assessment of familial and genetic factors as determinants of these diseases.	15 1 2 3	1.1 1.3-1.5 15.1 15.2	1R 1S 2R 3R 15R 15S	NIH/NHLBI	91	$1,000-$5,000		A
Strong Heart Study: multi-site study to assess the incidence and prevalence of cardiovascular disease among American Indians and Alaska Natives, and to examine the association between CVD risk factors and CVD in this population.	15 1 2	1.1 1.3 1.4 15.1 15.2 15.6 15.8	1S 2S 3S 15S	NIH/NHLBI	91	$1,000-$5,000	I	A
Behavioral Medicine Program: prevention research focused on atherosclerosis and lifestyles; smoking among women and minorities; nonpharmacologic therapies for hypertension; and mental stress and its relation to heart attacks.	15 6	6.5 15.1 15.4	6R 15R	NIH/NHLBI	91	$10,000-$50,000		
Strike Out Stroke (SOS): eleven States have been targeted to receive innovative educational programs, mass media campaigns, and outreach to reduce strokes.	15 8	8.10-8.13 15.2		NIH/NHLBI	91	$500-$1,000	B	A O
NHLBI Stroke Research: research resources devoted to stroke.	15	15.2	15R	NIH/NHLBI	91	$10,000-$50,000		
Postmenopausal Estrogen/Progestin Interventions (PEPI): initiative to study various postmenopausal estrogen replacement therapies on selected cardiovascular risk factors and osteoporosis.	15 9	9.7 15.1	9R 15R	NIH/NHLBI NIH/NICHD NIH/NIAMS NIH/NIDDK NIH/NIA	91	$1,000-$5,000	F	O
Cardiovascular Disease and Aging Research: research on the effect of aging on cardiac cells and to find the relationship of diet and exercise to cardiovascular health in older Americans.	15	15.6 15.7 15.9	15R	NIH/NIA	91	$10,000-$50,000		O
Salt and Sodium Intake: studies to elucidate mechanisms of salt preference and modification of salt appetite; regulation of sodium intake; and effects of salt/sodium on cardiovascular function.	15 2	2.9 15.5	2R 15R	NIH/NIDCD[1] NIH/NIDDK NIH/NINDS	91	See PA 2.	M H	I C A
Kidney, Urology, and Hematologic Diseases: research on the effect of disease on minority populations and on the severe complications of diabetes (especially end-stage renal disease).	15 17	15.3 17.10	15R 17R	NIH/NIDDK	91	See PA 17.	M	O
Digestive Diseases and Nutrition Research: includes work on therapy for chronic hepatitis C, nutritional sciences, and understanding and preventing associated health risks.	15 2 17 20	2.3 15.10 17.12 20.3	2R 17R	NIH/NIDDK	91	>$100,000		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Obesity in Adolescents: studies on the prevention and metabolic consequences of weight cycling; smoking, dieting, and weight reduction; family interventions; role of exercise; emphasis on young black and white females.	15 1 2 17	1.2 2.3 2.7 15.10 17.12 R		NIH/NIDDK NIH/NICHD NIH/NCNR	91	See PA 2.	F M B	Y
Prevention of Strokes: research to identify ways to prevent morbidity and mortality in nonhypertensive patients; particular emphasis will be placed on nurodegenerative diseases.	15 17	15.2	15R 17R	NIH/NINDS	91	$50,000-$100,000		
Healthy People 2000 Coordination: PHS-wide coordination and staff support for Assistant Secretary for Health's review and oversight of PHS activities to achieve the Healthy People 2000 objectives.	15	15.1-15.17		OASH/ODPHP	91	<$100		
Minority Community Health Coalition Grant Program: grant awards to help local communities target major causes of death and attendant risk factors, including violence, alcohol and drug use, infant mortality, and cancer.	15 4 7 14 16 18	4.3 4.8 7.1 14.1 14.5 15.1-15.3 16.1 18.1 18.2		OASH/OMH	91	See PA 7.	M	
Other Federal Agencies with Programs for Heart Disease and Stroke: Department of Agriculture.	15				91			
Other Federal Agencies with Programs for Heart Disease and Stroke: Department of Defense.	15				91			
Other Federal Agencies with Programs for Heart Disease and Stroke: Department of Health and Human Services.	15			HHS/HCFA	91			
Other Federal Agencies with Programs for Heart Disease and Stroke: Department of the Interior.	15				91			
Other Federal Agencies with Programs for Heart Disease and Stroke: Department of Veterans Affairs.	15				91			

16. Cancer

Introduction

Cancer accounts for one out of every five deaths in the United States. It is not one disease but a constellation of more than 100 different diseases, each characterized by the uncontrolled growth and spread of abnormal cells. Cancer may strike at any age, though it does so more frequently with advancing age. Research has demonstrated that many cancers can be prevented or, if detected and treated at early stages, cured.

Action Summary

The National Institutes of Health, through the National Cancer Institute (NCI), is the Lead PHS Agency for efforts to achieve the *Healthy People 2000* Cancer objectives. The *Healthy People 2000* objectives can only be reached by a strong, effective partnership between government at all levels, professional groups, voluntary organizations, health researchers, private industry, and the media--in short, all sectors of society. Achieving the lifestyle changes called for by the objectives will be a challenge (It has taken 35 years since the first Surgeon General's Report on Smoking to reduce smoking prevalence 40 percent among men and, perhaps more significantly, only 21 percent among women). To achieve societal change, no single approach or communications channel will be sufficient. Multiple messages and multiple interventions, coordinated and reinforced are essential. Chapter 8 of the full report of *Healthy People 2000* notes the following:

> "The most effective community-based health promotion programs recognize the interrelationships between behavior and the environment and include multiple interventions directed at multiple levels (e.g., individuals, small group/families, organization, community)."

NCI's program of research and application is based on these principles. The structure of the National Cancer Program is designed to achieve the same goals as the *Healthy People 2000* objectives. A system of basic research, clinical trials, and applications research, with the collaboration and cooperation of governmental and nongovernmental agencies and organizations, is working toward cancer prevention and control activities across the country. At the same time, cooperation among Public Health Service agencies--as in the National Breast and Cervical Cancer Plan being developed by NCI, the Centers for Disease Control, and the Food and Drug Administration to increase screening and early detection--is fostering the spread of the cancer prevention and control message.

The basic approach to achieving the Cancer objectives is to develop and evaluate initiatives in such a way that programs and materials can be implemented by those who know and understand best the cancer prevention and control target populations. The approach is based on the premise that information and counseling, when received through multiple channels, increase the chance that behavior change will take place. It is essential that materials be disseminated in conjunction with training to ensure that those who apply the materials or implement the programs are sufficiently trained to ensure the greatest chance of success.

In light of this experience, PHS has incorporated a variety of different intervention strategies and channels for applications and research. For example, selected intervention strategies include community outreach, public education, professional education, mass media usage, technical assistance, and networking. Selected intervention channels include professional organizations, worksites, schools, voluntary associations, food systems, the Cancer Information Service (1-800-4-CANCER), and PDQ—Physician Information System on Cancer.

Achievement of the objectives and fulfillment of special issues related to cancer are addressed through several interrelated strategies. including interventions, surveillance, coordination, and research.

Partnerships for Healthy People 2000

Achievement of the Cancer objectives requires the cooperation of a large number of non-PHS partners at every level of government (Federal, State, and local) and from a broad spectrum of professional, voluntary, and private sector areas. One example of this cooperation has been the development of coalitions through the National Black Leadership Initiative on Cancer (NBLIC), established by Secretary Louis Sullivan and NCI to bring together the business, civic, religious, and lay leaders of black communities in the cause of cancer prevention and control. The success of this program has led to the recent initiation of similar activities within the Hispanic and Appalachian communities.

A far-reaching system of partnerships can be seen in the major new initiative known as ASSIST, the American Stop Smoking Intervention Study, a demonstration program that will establish community-based smoking interventions in 17 States, using the most effective strategies from the research trials. This massive effort has required collaboration with the American Cancer Society and local health departments, and will be calling upon a wide spectrum of public, civic, business, labor, and voluntary organizations as plans for implementation are developed.

The many partnerships being formed will help to ensure the best chance of success in bringing cancer prevention and control knowledge and methodology to the Nation's population.

Priority Issues for Future Action

To achieve the Cancer objectives, PHS and its partners in support of this priority area will give particular attention to the following issues for future action:

- Targeting of information and services related to early detection of cancer to population groups whose access to services has been most limited, with special attention to screening for breast and cervical cancer.
- Focused public education and intervention efforts on tobacco use and dietary patterns as principal public health approaches to primary prevention of some types of cancer.

For More Information . . .

Healthy People 2000 Cancer Coordinator
Division of Cancer Prevention
National Institutes of Health
National Cancer Institute
Building 31, Room 10A49
9000 Rockville Pike
Bethesda, MD 20892
(301) 496-1071

Public Inquiries Section
Office of Cancer Communications
National Cancer Institute
National Institutes of Health
Building 31, Room 10A24
9000 Rockville Pike
Bethesda, MD 20892
(301) 496-5583

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Guidelines on Mammography: develop guidelines regarding attributes of clinical practice, equipment, and personnel to ensure highest quality mammography.	16	16.16	16P 16R	AHCPR	91	$100-$500	F	
Access to Preventive Services: determine effect of organization and financing of care on patient and provider behavior regarding compliance with National Cancer Institute guidelines.	16	16.10	16R	AHCPR	91	$100-$500		
Academic Centers for Prevention Research: research funding for health promotion and/or disease prevention projects, that have collaborative ties with other groups and a commitment to evaluation of efficacy and effectiveness; two centers include physical activity studies.	16 1 2 3 15		1R 2R 3R 15R 16R	CDC/NCCDPHP	91	See PA 15.	M	Y A O
Early Detection of Breast and Cervical Cancer: comprehensive screening programs that include elimination of financial barriers, education about routine screening, and assurance of quality of screening tests; efforts are directed toward targeted populations, including black and American Indian women; pap smears and mammograms (with follow-up) are provided to women.	16 21	16.11 16.12 21.2		CDC/NCCDPHP FDA/CDRH NIH/NCI	91	$10,000-50,000	F B I	A
Cancer Mortality Prevention: public education about the need for routine screening for cancers of the breast and cervix, education of health care providers about recommended screening guidelines, assurance of quality of screening mammography and the Pap test, and surveillance and program evaluation.	16	16.3 16.4 16.15 16.16		CDC/NCCDPHP	91	$100-$500		
State-Based Dietary Surveillance: analysis and validation of dietary data from the State-based Behavioral Risk Factor Surveillance System to assess intake of dietary fat and fruits and vegetables.	16 2 15	1.6 2.5 15.9 16.6 16.8	2S	CDC/NCCDPHP	91	See PA 2.		A
National Vital Statistics System (NVSS): collection and publication of data on births, deaths, marriages, and divorces in the United States; followback and other surveys based on the NVSS will also provide information on progress toward the objectives.	16		1S 2S 3S 4S 5S 7S 8S 9S 13S 14S 15S 16S 17S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
National Health and Nutrition Examination Survey: collection and publication of data on the nutritional and medical status of the United States noninstitutionalized population.	16		1S 2S 3S 11S 13S 15S 16S 17S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All

Related Issue Codes:
R=Research
S=Surveillance
P=Personnel
G=General

Special Population Codes:
B = Blacks
H = Hispanics
A = Asians/Pacific Islanders
I = American Indians
M = Minorities
L = People with Low Incomes
F = Women
D = People with Disabilities
R = Rural or Migrant Farm Workers

Age Group Codes:
I = Infants
C = Children
Y = Adolescents/Young Adults
A = Adults
O = Older Adults

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
National Health Interview Survey: collection and publication of survey data on personal and demographic characteristics, illnesses, injuries, impairments, chronic conditions, use of health resources, and other health topics.	16		1S 2S 3S 6S 8S 9S 13S 14S 15S 16S 17S 18S 20S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
Oral Cancer Prevention and Control: identification of high prevalence populations of oral cancer for the purpose of targeting public health education and awareness campaigns.	16 13	13.7 16.1 16.6 16.10 16.14		CDC/NCPS	91	See PA 13.		
Oral Cancer Prevention: development and distribution of a primary prevention project for young elementary school-aged children to reduce the use of smokeless tobacco.	16 3 13	3.9 13.9 16.6		CDC/NCPS	91	See PA 13.		C
Oral Cancer Control and Prevention: monitor State-specific information reported in the Behavioral Risk Factor Surveillance System (BRFSS) on smokeless tobacco usage, knowledge, and attitudes concerning risk.	16 3 13	3.9 13.7 16.1 16.6 16.10	13R 16R	CDC/NCPS CDC/NCCDPHP	91	See PA 13.		
Oral Cancer Control and Prevention: analysis and reporting of State-specific oral cancer mortality rates.	16 13	13.7 16.1	13S 16S	CDC/NCPS CDC/NCCDPHP CDC/NCHS	91	See PA 13.		
Carcinogenic Chemical Exposure Research: research into biochemical markers for the detection of increased risk to some cancers such as urinary bladder and colo-rectal cancer.	16		16R	FDA/NCTR	91	$5,000-$10,000		
Health Professions Training and Education: programs in advanced nurse preparation to strengthen curriculum and to encourage programs that include prevention education such as cancer screening and healthy behavior.	16		16P	HRSA/BHPr	91	$500-$1,000		
Cancer Prevention Project for American Indians: development of public awareness and education campaign focused on health aides, school staff, and public health staff on cancer and smoking cessation.	16	16.6 16.10		IHS	91	<$100	I	
Reducing Community Risks for Cancer: focused efforts to reduce risk for cancer by expanding availability of mammography and colposcopy and provider training using additional funding and support from the National Cancer Institute and the American Cancer Society.	16	16.11 16.12		IHS	91	$5,000-$10.000	I	
Women's Health Initiative: improvements to system to make women's cancer prevention services more accessible, combining early screening, education, and services to reduce mortality and morbidity from breast and cervical cancer.	16	16.11 16.12		IHS	91	$500-$1,000	F I	
Physician Training for Cessation Counseling: program to train 100,000 primary care providers in counseling smokers to promote smoking cessation.	16 3 21	3.16 16.1 16.2 16.10 21.2		NIH/NCI	91	See PA 3.		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Aging and Cancer Information Dissemination and Epidemiologic Research: upgrade information dissemination to the public and health care professionals on cancer prevention, detection, diagnostic evaluation, and therapy in older people.	16		16P	NIH/NCI	91	$10,000-$50,000		O
Biological Carcinogenesis: examination and analysis of the gene and gene products that can cause cancer.	16		16R	NIH/NCI	91	>$100,000		
Cancer Among Minorities, the Underserved, Rural Populations, and Older Adults: coordinated basic, clinical, prevention and control research and expanded outreach to reduce cancer rates.	16	16.1		NIH/NCI	91	$50,000-$100,000	R L M	O
Cancer Biology Research: investigator-initiated studies on tumor cells and the interaction with normal host immune defense mechanisms.	16	16.1	16R	NIH/NCI	91	$10,000-$50,000		
Cancer Centers: promote interaction between scientists and physicians to bring laboratory findings to medical practice; particular emphasis has been placed on the needs of minorities, education, and AIDS-related cancers.	16	16.1	16R 16P	NIH/NCI	91	>$100,000	M	
Cancer Control Science: State and local health department-run smoking cessation programs working to identify barriers to cancer control and to find the most effective ways to reduce or eliminate barriers.	16 3	3.4 3.6 3.16 16.1 16.6		NIH/NCI	91	$10,000-$50,000	M	
Cancer Education Projects: information dissemination to increase cancer knowledge; continuing expansion of the Cancer Prevention Awareness Program to encourage individuals to adopt healthful behaviors; dissemination of current developments in early detection, prevention, and treatment to local and regional health care professionals.	16	16.1		NIH/NCI	91	$100-$500	L M B H	O
Cancer Epidemiology: identification of environmental and genetic risk factors for cancer.	16		16S	NIH/NCI	91	$50,000-$100,000		
Cancer Information Service: provides telephone counseling and cancer information to the public and health professionals; online delivery of state-of-the-art cancer treatment information (Physician Data Query—PDQ); and publications to the public.	16	16.1		NIH/NCI	91	$10,000-$50,000		
Cancer Prevention Outreach to Minorities and Low-Literacy Populations: targets prevention awareness in minority populations, especially those with disproportionately high cancer rates; special informational programs and materials are targeted to minorities and low-literacy populations.	16	16.1		NIH/NCI	91	<$100	M	
Cancer Prevention Research: bridges results of basic research and health care applications; particular emphasis on chemoprevention and dietary intervention.	16 2	2.2 2.5 2.6 16.1	16R 16P	NIH/NCI	91	$10,000-$50,000	F	
Cancer Research Among Special Populations: research into causes of differential rates of cancer in target populations; dissemination of effective approaches for information dissemination, outreach, and prevention and screening practices, as well as participation in clinical trails.	16	16.1	16R	NIH/NCI	91	$50,000-$100,000	L M	O

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Cancer Research Career Program: training grants to individuals and institutions in cancer research; specialized training for health care professionals in cancer prevention and control.	16		16P	NIH/NCI	91	$50,000-$100,000		
Cancer Surveillance Program: tracks incidence, survival, mortality, and other trends in cancer through the Surveillance, Epidemiology, and End Results (SEER) program; particular emphasis is placed on expanding data for blacks, Hispanics, and rural populations; links with local and nationwide surveillance programs; measures progress against cancer from information on cancer prevention and control programs.	16		16S	NIH/NCI	91	$5,000-$10,000	R B H	
Cancer Vaccine Program: research exploring the potential for cancer vaccines; development of promising vaccine candidates through the preclinical phase and clinical safety and efficacy testing.	16		16R	NIH/NCI	91	$10,000-$50,000		
Chemical and Physical Carcinogenesis: elucidation of the ways chemical and physical agents encountered in the environment trigger malignancy.	16		16R	NIH/NCI	91	>$100,000		
Early Detection and Diagnostic Research: detection of cancers at earlier stages and/or identification of groups of patients who will benefit from more aggressive treatment; development and testing of new techniques for the early detection of cancer; improvements in diagnostic systems with emphasis on quality control and standardization; and formulation of early detection guidelines.	16		16R	NIH/NCI	91	>$100,000		
Early Detection and Community Oncology Program: application of early cancer detection/control and identification of high-risk groups, including minorities, through a network of providers who work in cancer prevention and control research/trials.	16	16.1 16.10	16R	NIH/NCI	91	$10,000-$50,000	M	
International Cancer Information Center: collection and dissemination of the latest information on cancer research, diagnosis, and treatment.	16		16P 16G	NIH/NCI	91	$5,000-$10,000		
Minority Leadership in Cancer Education: health education initiative that solicits the assistance of black leaders in business, civic, and religious organizations; development of similar activities in Hispanic and Appalachian communities is underway.	16	16.1		NIH/NCI	91	<$100	R B H	
Nutrition and Cancer: focus on foods, nutritional factors, and dietary habits that may induce, promote, or inhibit cancer; also includes information dissemination on healthful dietary practices.	16 2	2.5 2.6 16.7 16.8		NIH/NCI	91	$10,000-$50,000		
Sexually Transmitted Diseases and Cancer: research into role of HPVs and HTLV in increasing cancer risks.	16 19		16R 19R	NIH/NCI	91	$10,000-$50,000		
Surveillance, Epidemiology, and End Results Program: measures progress against cancer with information on cancer prevention and control programs and on cancer statistics. (Budget includes special projects)	16		16S	NIH/NCI	91	$10,000-$50,000		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Women and Cancer: research into special issues surrounding cancer prevention, early detection, treatment, and quality of life for women; development of programs sensitive to women's physiology and living patterns, including research on risks of exposure and responses to therapy experienced by women; promotion of state-of-the-art practices by health care providers in cancer prevention, control, diagnosis, treatment, and rehabilitation.	16 21	16.3 16.4 21.2	16R	NIH/NCI	91	$50,000-$100,000	F L M D	A
Cancer Control Sciences Program in Tobacco: State and local health department-run smoking cessation programs working to identify and apply the best intervention methods; training programs in tobacco control to help physicians and dentists assist their patients; program development for schools and worksites; intervention trails of new methods for smoking prevention and cessation; and development of interventions for smokeless tobacco use.	16 3	3.4 3.6 3.16 16.1 16.6		NIH/NCI	91	$10,000-$50,000	M	
Low-fat Diet Patterns and Health: epidemiological studies of lowfat diet and morbidity/mortality; adherence to a low-fat diet; cancer prophylaxis by low-fat diet; dietary intervention in primary care practices; low-fat diet and weight loss; community-based risk reduction demonstration studies; child and adolescent trial of cardiovascular health.	16 2 15	2.1 2.2 2.5 15.9 16.7	2R 2P	NIH/NCI NIH/NIDDK NIH/NCRR	91	See PA 2.	M H	C A
Effects of Dietary Fats/Lipids on Organ Function and Chronic Disease Development: prevention of mitochondrial aging; effects on macrophage function; effects on membrane fluidity; effects on lipid peroxidation injury; modulation of gene expression; promotion of cell proliferation, differentiation, and development of various cancers (cell culture and animal models); epidemiologic studies of dietary fat and cancer risk; effects on obesity/weight maintenance; effect on development of gallstones; effects on development of diabetic nephropathy and other manifestations of diabetes; and dietary fatty acids and blood pressure.	16 2 16	2.2 2.3 2.5 16.7 17.10	2R	NIH/NCI NIH/NIDR NIH/NIDDK NIH/NICHD NIH/NIA NIH/NCRR	91	See PA 2.	M A	A O
Cancer Prevention Research: provide researchers access to research centers, imaging resources, and the latest diagnostic techniques and therapies to prevent the development of cancer.	16		16R	NIH/NCRR	91	$10,000-$50,000		
Lung Health Study: trial to determine effects of "special care" (smoking cessation counseling, bronchodilator administration, and diligent follow-up) with "usual care" on decline in pulmonary function in smokers with mild abnormalities in function.	16 3 17	3.3 3.4 16.6 17.1 17.2	3R 17R	NIH/NHLBI	91	See PA 3.		A
NHLBI Cancer-Related Research: studies related to the interface between cancer and diseases of the heart, lungs, and blood.	16 2 3	16.6 16.7	2R 3R 16R	NIH/NHLBI	91	$5,000-$10,000		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
National Marrow Donor Program: expansion of the unrelated marrow donor registry to more than 250,000 donors; coordination of the activities of marrow donor centers, marrow collection centers, and marrow transplant centers and facilitating marrow transplantation from unrelated donors; performing certain quality assurance and research activities to improve the capabilities of the program to provide marrow donors; and providing a resource for fundamental research on the immunology of marrow transplantation.	16 22	16.1 22.6 22.4	16S	NIH/NHLBI	91	$10,000-$50,000		
Aging and Cancer: research into relationships between aging and cancer, with an emphasis on the etiologic and pharmacologic issues most prevalent in older people such as cancers of the prostrate, breast, colon, ovary, rectum, and urinary bladder.	16		16R	NIH/NIA NIH/NCI	91	$10,000-$50,000		O
Consumption of Foods Containing Complex Carbohydrates and Dietary Fiber: academic teaching nursing home award; churches and eating behavior changes; effects of dietary fiber and other plant compounds on prevention of cancer development and recurrence; physicochemical and physiological effects of dietary fiber; phytochemical compliance markers; dietary intervention in primary care practice; and 5-a-Day program.	16 2	2.1 2.6 16.8	2R 2P	NIH/NIA NIH/NCI NIH/NIDDK NIH/NCRR	91	See PA 2.	M	A O
Ultraviolet Radiation and Skin Cancer: studies into effects of ultraviolet radiation on the development of skin cancers, including melanoma.	16	16.9	16R	NIH/NIAMS	91	$500-$1,000		
Skin Diseases: studies on the etiology and pathogenesis of chronic skin diseases.	16 17	17.2 17.3	16R 17R	NIH/NIAMS	91	See PA 17.		
Digestive and Other Cancers: research into liver cancer (especially related to hepatitis or cirrhosis); functional endocrine tumors; kidney and urologic tumors; and obesity as a risk factor for specific cancers.	16	16.7	16R	NIH/NIDDK	91	$5,000-$10,000	B H I	
Oral Cancer: research on etiology and early treatment for cancers of the oral soft tissue and research into multiple factors for preventing cancers of the soft tissue.	16 13	13.7	13R 16R	NIH/NIDR	91	See PA 13.	B H	A O
Oral Cancer Control and Prevention: collaborative project with CDC to develop an Oral Cavity and Pharyngeal Cancer Monograph; the document is for use by researchers and public health decision-makers to plan prevention and control strategies.	16 13	13.7 16.1 16.10		NIH/NIDR	91	See PA 13.		A O
Environmental Research: focus on human diseases that have environmental components, such as cancer and reproductive problems.	16 5 11	5.3	5R 11R 16R	NIH/NIEHS	91	See PA 11.		
Healthy People 2000 Coordination: PHS-wide coordination and staff support for Assistant Secretary for Health's review and oversight of PHS activities to achieve the Healthy People 2000 objectives.	16	16.1-16.16		OASH/ODPHP	91	<$100		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Minority Community Health Coalition Grant Program: grant awards to help local communities target major causes of death and attendant risk factors, including violence, alcohol and drug use, infant mortality, and cancer.	16 4 7 14 15 18	4.3 4.8 7.1 14.1 14.5 15.1-15.3 16.1 18.1 18.2		OASH/OMH	91	See PA 7.	M	
Other Federal Agencies with Programs for Cancer: Department of Agriculture.	16				91			
Other Federal Agencies with Programs for Cancer: Department of Education.	16				91			
Other Federal Agencies with Programs for Cancer: Department of Health and Human Services.	16			HHS/ACF HHS/HCFA	91			
Other Federal Agencies with Programs for Cancer: Department of the Interior.	16				91			
Other Federal Agencies with Programs for Cancer: Department of Labor.	16				91			
Other Federal Agencies with Programs for Cancer: Department of Veterans Affairs.	16				91			
Other Federal Agencies with Programs for Cancer: Environmental Protection Agency.	16				91			

17. Diabetes and Chronic Disabling Conditions

Introduction

Approximately 7 million people in the United States have been diagnosed with diabetes, and a similar number may unknowingly have the disease. Each year more than 650,000 new cases of diabetes are identified. In 1987, diabetes was the sixth leading underlying cause of death. It was the underlying cause of death for more than 37,000 Americans and contributed to over 100,000 additional deaths. People with diabetes face the probability of incurring acute and chronic complications. In 1987, patients with diabetes or its complications spent 9 million days in the hospital. A conservative estimate of direct medical costs and costs due to lost productivity attributable to diabetes in 1987 was $20.4 billion.

Approximately 9.4 percent of the population suffer from activity-limiting chronic conditions. Among older adults specifically, more than 11 percent have difficulty in performing two or more personal care activities. Among the underlying disabling conditions are impaired hearing and vision, arthritis, low-back pain, osteoporosis, urinary incontinence, asthma, and dementia.

Action Summary

The Centers for Disease Control (CDC), through the National Center for Chronic Disease Prevention and Health Promotion, and the National Institute for Health (NIH), through the National Institute on Diabetes and Digestive and Kidney Diseases (NIDDK), are co-Lead PHS Agencies for efforts to achieve the *Healthy People 2000* Diabetes and Chronic Disabling Conditions objectives. Diabetes and Chronic Disabling Conditions will each be supported by a Work Group. The following activities are being undertaken by the Work Groups to achieve the objectives:

- Surveillance activities to gain a better understanding of chronic diseases. Systems will be improved and in some cases, developed.
- For objectives dealing with severe complications of diabetes (visual impairment, adverse outcomes of pregnancy), data sets and surveillance systems to track the objectives and their progress are being developed. State blindness registries and birth certificate methodologies are being explored to augment surveillance in these areas.
- Work with State health departments to develop a blueprint for comprehensive, effective public health interventions directed at older adults. Programs will address such chronic disabilities in older people as urinary incontinence, arthritis, dementia, osteoporosis, impaired hearing, and impaired vision.
- Epidemiologic research regarding arthritis, urinary incontinence, osteoporosis, dementias, physical activity, impaired hearing, impaired vision, and other issues to help us to better understand chronic disabling conditions.

Obesity is a serious and increasingly prevalent risk factor for the emergence of symptomatic diabetes in predisposed individuals, for cardiovascular disease, hypertensive renal disease, and arthritis of the weight-bearing joints, and contributes greatly to the extent and degree of many other disabling conditions (e.g., chronic back pain). The National Institute of Diabetes and Digestive and Kidney Diseases, to further the aims of *Healthy People 2000*, has established a National Task Force on Prevention and Treatment of Obesity. This group of prominent experts has been charged with developing materials to be communicated to health-care providers and the public regarding prevention and treatment of obesity based on current knowledge. An Obesity Information Resource Center will also be established.

Along with community outreach activities (e.g., work with State health departments), extensive research in all of the diseases and disabilities included in the Diabetes and Chronic Disabling Conditions area will continue to be conducted and funded by NIH. In addition to diabetes, this

involves vision, hearing, asthma, osteoporosis, arthritis, low back pain, diseases of the urinary tract, and mental retardation in children. Advances in knowledge in those areas are imperative for better diagnosis, prevention, and control of those chronic disabling conditions.

Partnerships for Healthy People 2000

Mechanisms to develop consensus on achieving the diabetes objectives will continue to rely on two advisory boards, the National Diabetes Advisory Board and the Technical Advisory Committee. These boards will convene a meeting in conjunction with national diabetes meetings to continue to develop programs both to track and to achieve the objectives.

In the area of disabilities, strong constituency support was assembled to develop the four working papers, prepared for the National Conference on the Prevention of Primary and Secondary Disabilities in June 1991, that will serve as the basis for convening Work Group members for this area. Each Federal collaborator will be asked to invite key participants from the non-Federal sector to help in the process. Individuals and outside organizations will be asked to contribute their expertise in the area of prevention and control of disabilities.

To help plan for the focus of activities related to aging, CDC brought together groups of consultants in arthritis, dementia, and kidney disease. Experience gained and relationships established in organizing and meeting with these groups will form the basis for identifying groups and individuals to participate.

Priority Issues for Future Action

To achieve the Diabetes and Chronic Disabling Conditions objectives, PHS and its partners in support of this priority area will give particular emphasis to the following issues for future action:

- Defining the burden of diabetes, carrying out effective diabetes prevention and control programs, identifying new approaches to reducing the burden of diabetes, and coordinating the diabetes activities of the Federal Government.
- Improving our ability to measure quality of life and to measure the affects of interventions on quality of life.
- Expanding focus on improving quality of life. Research and demonstrations will give greater attention to enhancing life for people living with chronic, disabling conditions, including diabetes. Issues include receipt of appropriate health care, including preventive services, appropriate physical activity, special diets, and other health promotion activities.

For More Information . . .

Healthy People 2000 Diabetes and Chronic Disabling Conditions Coordinator
National Institute of Diabetes and Digestive and Kidney Diseases
National Institutes of Health
Building 31, Room 9A03
9000 Rockville Pike
Bethesda, MD 20892
(301) 496-4955

Healthy People 2000 Diabetes and Chronic Disabling Conditions Coordinator
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control
1600 Clifton Road, NE., Mailstop A-20
Atlanta, GA 30333
(404) 488-5403

Information Office
National Institute of Diabetes and Digestive and Kidney Diseases
National Institutes of Health
9000 Rockville Pike
Building 31, Room 9A04
Bethesda, MD 20892
(301) 496-3583

Centers for Disease Control
Office of Public Affairs
1600 Clifton Road, NE., Mailstop D-25
Atlanta, GA 30333
(404) 639-3286

National Diabetes Information Clearinghouse
Box NDIC
Bethesda, MD 20892
(301) 468-2162

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Interaction of Mental Disorders and Physical Illness in Late Life: research on biopsychosocial risk factors, causes, and consequences of acute and chronic illness in older people and how these factors effect rehabilitation, recovery, relapse, and service use.	17 6 9		6R 9R 12R 17R	ADAMHA/NIMH	91	See PA 6.	F D	O
Mental Disorders of Aging: research on the nature, treatment, and prevention of major mental disorders and behavioral dysfunctions in late life such as Alzheimer's disease and related disorders, schizophrenia, personality disorders, anxiety, mania, and sleep disorders.	17 6 9	6R 9R 17R		ADAMHA/NIMH	91	See PA 6.		O
Effectiveness of Medical Services for Diabetes: developing reliable and comprehensive data on variations in management and outcome and effectiveness of community health care.	17	17.10 17.14	17S	AHCPR	91	$1,000-$5,000		
Diabetes Research: evaluation of health care services at the community level, community strategies for incorporating new technologies into practice, health promotion activities to prevent Type II diabetes, and educational campaigns targeting special populations.	17	17.10-17.14	17R	AHCPR CDC/NCCDPHP	91	$500-$1,000		
Community Models Project for Diabetes Prevention and Control: project to reduce the incidence and complications of diabetes via increased physical activity, reductions in weight and dietary fat reduction using community and medical intervention.	17 1 2	1.3 2.5 2.7 17.9 17.10 17.11 17.13		AHCPR CDC/NCCDPHP	91	$1,000-$5,000		C Y A O
Academic Centers for Prevention Research: research funding for health promotion or disease prevention projects, having collaborative ties with other groups, and a commitment to evaluation of efficacy and effectiveness; two centers include physical activity studies.	17 1 2 3 15 16	17.1 17.2	1G 2G 3G 15G 16G 17G	CDC/NCCDPHP	91	$1,000-$5,000	M	Y A O
Prevention of Overweight: research into factors influencing successful weight management, the long-term consequences of voluntary weight loss, and identification of prevention strategies for overweight, including physical activity.	17 1 2 15	1.2 2.3 15.10 17.12	1R 2R 15R 17R	CDC/NCCDPHP	91	See PA 2.		Y A
Reducing the Health Burdens of Diabetes: implementation of control strategies and standards for patient management and self-care to reduce complications of diabetes; particular emphasis is placed on minority groups, people with low incomes, and older people.	17	17.10 17.11 17.14		CDC/NCCDPHP	91	$1,000-$5,000	L M	O
Diabetes Prevention Demonstration: demonstration of primary and tertiary prevention.	17	17.10-17.13		CDC/NCCDPHP	91	$500-$1,000		

Related Issue Codes:
R=Research
S=Surveillance
P=Personnel
G=General

Special Population Codes:
B = Blacks
H = Hispanics
A = Asians/Pacific Islanders
I = American Indians
M = Minorities
L = People with Low Incomes
F = Women
D = People with Disabilities
R = Rural or Migrant Farm Workers

Age Group Codes:
I = Infants
C = Children
Y = Adolescents/Young Adults
A = Adults
O = Older Adults

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
National Disabilities Conference: presentations on the prevention of primary and secondary disabilities and the impact of disabilities on public health.	17	17.2	17R	CDC/NCEHIC	91	$500-$1,000	D	
Fetal Alcohol Prevention: demonstration and evaluation projects for the prevention of fetal alcohol syndrome.	17 14	14.4 17.2 17.8		CDC/NCEHIC	91	$1,000-$5,000		I
Spina Bifida Prevention Research: research on prevention effectiveness of periconceptional supplementation with folic acid in the prevention of spina bifida.	17 14	17.2	14R 17R	CDC/NCEHIC	91	$1,000-$5,000		I
Poverty-Associated Mental Retardation Prevention: research on prevention effectiveness of child development center-based interventions in the prevention of poverty associated mental retardation.	17	17.2 17.8	17R	CDC/NCEHIC	91	$100-$500		C
Prevention of Secondary Disabling Conditions in People with Existing Disabilities: identification of major preventable secondary conditions in people with cerebral palsy, spina bifida, and fetal alcohol syndrome.	17	17.1 17.2	17R	CDC/NCEHIC	91	$100-$500	D	
Surveillance of birth defects, mental retardation, and other childhood disabilities.	17	17.8	17S	CDC/NCEHIC	91	$1,000-$5,000	D	C
State-based Disabilities Prevention Programs: cooperative agreements to build State ability to prevent primary and secondary disabilities.	17	17.1 17.2		CDC/NCEHIC	91	$5,000-$10,000	D	
National Vital Statistics System (NVSS): collection and publication of data on births, deaths, marriages, and divorces in the United States; followback and other surveys based on the NVSS will also provide information on progress toward the objectives.	17		1S 2S 3S 4S 5S 7S 8S 9S 13S 14S 15S 16S 17S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
National Health and Nutrition Examination Survey: collection and publication of data on the nutritional and medical status of the United States noninstitutionalized population.	17		1S 2S 3S 11S 13S 15S 16S 17S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
National Health Interview Survey: collection and publication of survey data on personal and demographic characteristics, illnesses, injuries, impairments, chronic conditions, use of health resources, and other health topics.	17		1S 2S 3S 6S 8S 9S 13S 14S 15S 16S 17S 18S 20S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
National Hospital Discharge Survey: collection and publication of data from short-stay hospitals on patient diagnosis, gender, age, and length of hospital stay.	17 9 11 14 19		9S 11S 14S 17S 19S	CDC/NCHS	91	$5,000-$10,000		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Arthritis Surveillance: continuous updating of national prevalence information.	17	17.3	17S	CDC/NCHS	91	<$100		
Health Promotion/Disease Prevention: collaborative ventures between schools of public health and public health agencies for education/training programs for professionals, including those in geriatric medicine and services.	17		17P	HRSA/BHPr	91	$1,000-$5,000		O
Health Professions Special Projects: fellowships for physicians pursuing careers in geriatric medicine.	17		17P	HRSA/BHPr	91	$1,000-$5,000		O
Children With Special Health Care Needs: programs to address chronic or disabling conditions through improved community-based care (part of Maternal and Child Health Block Grant).	17	17.20		HRSA/MCHB	91	>$100,000	D	C
American Indian Maternal and Child Health: focused multi-disciplinary response to disability, fetal alcohol syndrome, chronic disease, sudden infant death syndrome, and child abuse.	17 7 14	7.4 7.14 14.14 14.15 14.16 17.2 17.6-17.8		IHS	91	See PA 14.	I	I
Obesity in Women: studies on the relationship of obesity and chronic diseases, such as coronary heart disease, cancer, diabetes, etc.; development of obesity prevention and management programs; special focus placed on black, low income, and American Indian populations.	17 1 2 15	1.2 2.3 2.7 15.10 17.12	2R	NIH/NCI NIH/NIDDK NIH/NICHD NIH/NIA	91	See PA 2.	F L M B I	
Prevention and Treatment of Obesity: includes examination of the relationship of body weight, total body fat, and body fat distribution to health outcomes; the epidemiology of weight gain and successful weight loss; self-directed weight loss strategies; weight loss maintenance behaviors, and the health effects of weight loss and regain; patterns of eating, dietary components (e.g., fat or carbohydrate) on development and treatment of obesity; interaction of environmental and genetic influences and regulation of body fatness; body fat patterns and increased disease risk and mortality; population-wide interventions; diet and exercise effects on weight reduction; and public and professional education.	17 1 2 15	1.2 2.3 2.7 15.10 17.12	2R 2P	NIH/NCI NIH/NIDDK NIH/NICHD NIH/NINDS NIH/NIAMS NIH/NIA NIH/NCNR	91	See PA 2.		
Effects of Dietary Fats/Lipids on Organ Function and Chronic Disease Development: prevention of mitochondrial aging; effects on macrophage function; effects on membrane fluidity; effects on lipid peroxidation injury; modulation of gene expression; promotion of cell proliferation, differentiation, and development of various cancers (cell culture and animal models); epidemiologic studies of dietary fat and cancer risk; effects on obesity/weight maintenance; effect on development of gallstones; effects on development of diabetic nephropathy and other manifestations of diabetes; and dietary fatty acids and blood pressure.	17 2 16	2.2 2.3 2.5 16.7 17.10	2R	NIH/NCI NIH/NIDR NIH/NIDDK NIH/NICHD NIH/NIA NIH/NCRR	91	See PA 2.	M A	A O
Alzheimer's Disease Research: studies related to clinical management of symptoms, care giver-patient interaction, and family responses.	17	17.2 17.17		NIH/NCNR	91	$1,000-$5,000		O

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Long-term Care Requirements of Older Adults: development and validation of interventions to maintain sound health status, increase well-being, and prevent institutionalization among older people afflicted with chronic illness and physical frailty.	17	17.3		NIH/NCNR	91	$5,000-$10,000		O
Symptom Management: research into prevention, alleviation, and management of adverse symptoms associated with disease, such as pain, fatigue, cognitive impairment, and affective responses to illness.	17	17.2 17.3 17.17		NIH/NCNR	91	$5,000-$10,000		All
Chronic Disabling Conditions Prevention Research: researchers are provided resources to study the prevention of blindness, hearing loss, speech disorders, asthma, arthritis, and osteoporosis.	17		17R	NIH/NCRR	91	$5,000-$10,000		
Diabetes Prevention Research: diabetes prevention and intervention research focus on obesity, blindness, transplantations, diet, fitness, therapy, and insulin pumps.	17		17R	NIH/NCRR	91	$10,000-$50,000		
Corneal Diseases Program: basic and clinical research relevant to damage to the cornea from injury, disease, or exposure to toxic substances and environmental pollutants.	17 11	17.7	11R 17R	NIH/NEI	91	$50,000-$100,000		
Cataract and Lens Program: basic and clinical research relevant to opacities of the normally clear lens of the eye as a consequence of aging, diabetes or other metabolic disorders, toxic or environmental agents, inheritance, or injury.	17	17.7	17R	NIH/NEI	91	$10,000-$50,000		
Glaucoma Program: basic research on the structures within the eye and mechanisms involved in the development of glaucoma as well as clinical research on its prevention, diagnosis, and treatment.	17	17.4 17.7	17R	NIH/NEI	91	$10,000-$50,000		
Visual Impairment and Its Rehabilitation Program: research aimed at enhancing the remaining vision of individuals, evaluating new and existing optical aids, studying video magnification or image enhancement systems, and other techniques and strategies aimed at improving visual capabilities and performance.	17	17.7	17G	NIH/NEI	91	$1,000-$5,000		
National Eye Health Education Program: early detection and treatment of diabetic eye disease and glaucoma, especially among targeted populations of diabetics and blacks over age 40.	17	17.7 17.10		NIH/NEI	91	$1,000-$5,000	B	A
Retinal and Choroidal Diseases Program: basic and clinical research on disorders and diseases of the retina, including diabetic retinopathy, aging-related macular degeneration, retinitis pigmentosa, retinal detachment, uveitis, retinal tumors, retinopathy of prematurity, and damage caused by environmental or toxic agents and drugs.	17	17.7 17.10	17R	NIH/NEI	91	>$100,000		O
Strabismus, Amblyopia, and Visual Processing Program: clinical and basic research concerned with normal vision and the causes of visual deficits and blindness that do not result from specific dysfunction of the eye, such as strabismus, amblyopia, myopia, and neuro-ophthalmological disorders.	17	17.7	17R	NIH/NEI	91	$10,000-$50,000		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Vision Research Related to the Decade of the Brain Initiative: neurobiology research on the visual system as a model of the highest levels of information processing, perception, and control of movement by the brain.	17		17R	NIH/NEI	91	>$100,000		
NHLBI Minority Research Training and Career Development Programs: programs to encourage minority researchers and faculty to develop research skills in areas related to heart, lung, and blood diseases and transfusion medicine.	17 1 3 15 18 21	21.8	1P 3P 15P 17P 18P 21P	NIH/NHLBI	91	See PA 15.		
NHLBI Growth and Health Study: longitudinal cohort study examining diet, physical activity, socioeconomic status, and psychosocial influences that are associated with the development of obesity and cardiovascular risk factors in young black and white females.	17 1 2 6 15	1.1-1.4 1.7 1.8 2.1 2.3 2.5 2.7 2.9 6.5 15.1 15.2 15.4 15.9-15.11 17.1 17.2	1R 2R 6R 15R 17R	NIH/NHLBI	91	See PA 1.	B	C Y
NHLBI Programs on Tobacco Use: research related to the effects of tobacco use on the development of cardiovascular disease and chronic pulmonary disease, and development of educational programs to decrease the use of tobacco, with particular emphasis on minority populations and women.	17 3 15	3.1 3.3-3.8 3.10 3.11 3.16	3R 15R 17R	NIH/NHLBI	91	See PA 3.	F M	Y O
NHLBI Smoking Education Program: program to reduce death and disability from cardiovascular disease and the incidence of chronic pulmonary disease by decreasing the number of smokers, particularly older Americans and adolescents, through promotion of smoking cessation strategies and establishment of tobacco-free environments.	17 3 8 15	3.1 3.3-3.5 3.10 8.1 8.8 8.10 15.1 15.12 17.1 17.2		NIH/NHLBI	91	See PA 3.		Y O
Lung Health Study: trial to determine effects of "special care" (smoking cessation counseling, bronchodilator administration, and diligent follow-up) with "usual care" on decline in pulmonary function in smokers with mild abnormalities in function.	17 3 16	3.3 3.4 16.6 17.1 17.2	3R 17R	NIH/NHLBI	91	See PA 3.		A
National Asthma Education Program: collaborative effort to increase awareness of asthma as a serious chronic disease, to ensure proper diagnosis of asthma, and to allow effective control of the disease by promoting a partnership between patients, physicians, and other health care professionals.	17 8 11 21	8.1 11.1 11.5 17.1 21.6	21P	NIH/NHLBI	91	See PA 11.	B H	
Childhood Asthma Management Program (CAMP): trial to determine in a population of 5-9 year old children with asthma, if an intervention program which includes stepped-care medication to maximize lung function and health education programs, can significantly improve growth of function, decrease use of health care resources and limitation of activity and enhance school performance and attendance as well as quality of life when compared to a control group which receives usual care.	17 8 11	8.1 8.9 11.1 17.1	8R 17R	NIH/NHLBI	91	$1,000-$5,000	M	C

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Interventions for Control of Asthma Among Black and Hispanic Children: demonstration and education research initiative to develop, implement, and evaluate interventions to achieve long term control of asthma among black and Hispanic children.	17 8 11	8.1 8.10 11.1 17.1	8R 17R	NIH/NHLBI	91	$1,000-$5,000	B H	C
Specialized Centers of Research in Occupational and Immunologic Lung Diseases: interdisciplinary research centers examining the role of inflammation and cellular and humoral activities in interstitial pulmonary fibrosis as well as environmental and occupational exposure.	17 10 11	10.1 11.1 17.1 17.2 17.4	11R 17R	NIH/NHLBI	91	See PA 10.	L M	A
Specialized Centers of Research in Respiratory Disorders of Neonates and Children: interdisciplinary centers for basic and clinical research on neonatal respiratory diseases, cystic fibrosis, and bronchiolitis.	17 14	14.1 14.5 17.1	14R 17R	NIH/NHLBI	91	See PA 14.		I C
Blood Pressure Control and Stroke Mortality: a study to assess the relationships between trends in high blood pressure treatment and control and trends in mortality for stroke, coronary heart disease, congestive heart failure, all hypertension-related causes and total mortality.	17 15		15S 17S	NIH/NHLBI	91	<$100		
Insulin, Insulin Resistance, Hyperglycemia and Cardiovascular Disease: multi-center study of the relationship of insulin and insulin resistance to cardiovascular disease (CVD) and its risk factors over a range of glucose tolerance from normal to overt diabetes.	17 15	15.1 17.1 17.2 17.9 17.11	15R 17R	NIH/NHLBI	91	See PA 15.		
NHLBI Research Program in Chronic Diseases: research to determine the etiology of chronic diseases of the cardiovascular, pulmonary, and hematologic systems, and to develop methods for diagnosis, treatment and prevention of these diseases.	17	17.1 17.2 17.4 17.10 17.12-17.14 17.20		NIH/NHLBI	91	>$100,000		
Specialized Centers of Research in Chronic Diseases of the Airways: research centers conducting basic, applied, and clinical research on diseases such as emphysema, chronic bronchitis, and asthma.	17 3	3.1 3.3 17.1 17.2 17.4		NIH/NHLBI	91	$5,000-$10,000		
Comprehensive Sickle Cell Centers Program: multi-disciplinary programs to conduct basic and clinical research, clinical trials and applications, training, education, and community service.	17 8 21	8.1 8.11 17.1 21.1		NIH/NHLBI	91	$10,000-$50,000	B	I C Y
Asthma Research: research on the diagnosis, management, and prevention of asthma, encompassing basic, clinical, baseline data and educational studies; particular emphasis on needs of minority children.	17 11	11.1 17.4 17.14	11R 17R	NIH/NHLBI	91	See PA 11.	M	C
Physical Frailty of Older Adults: research on means to improve strength, prevent disabling falls and fractures, and restore personal independence among older adults, with emphasis on frailty among women and minorities.	17 1 9	1.5 9.4 9.7 17.3	1R 17R	NIH/NIA	91	<$100	M D	O
Alzheimer's Disease Education and Referral (ADEAR) Centers: responds to written and telephone inquiries for information and educational materials about Alzheimer's; target audiences include health care providers, patients, and family members.	17	17.14		NIH/NIA	91	$1,000-$5,000		O

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Alzheimer's Disease Research Centers (ADRCs): research by a multi-disciplinary research program; other activities include clinical trials of drugs, the establishment of a national registry to improve diagnostic techniques, the assessment of care givers' needs and strategies, the expansion of community-based long-term care for Alzheimer's patients and families, and of professional training and outreach.	17	17.14		NIH/NIA	91	>$100,000		O
Alzheimer's Disease Research: research in the etiology, diagnosis, treatment, epidemiology and related psychosocial issues; particular emphasis will be on the discovery of safe and effective pharmacologic agents that retard or interrupt the course of the disease.	17		17R	NIH/NIA	91	>$100,000		
Basic Research in Aging: research on the interaction of aging and diseases and on the interactive factors which determine independence in later years.	17	17.3	17R	NIH/NIA	91	>$100,000		O
Geriatrics Research Program: developing interventions to restore and enhance independence for older people for those with disabilities and that will maintain independence for those without disabilities.	17	17.2 17.3	17R	NIH/NIA	91	$10,000-$50,000	D	O
Interventions to Increase Independence: strategies to reduce and prevent primary physical frailty, including severely impaired strength, mobility, balance, and endurance and to promote independence, improve quality of life, and reduce health care costs.	17 9	17.3	9R	NIH/NIA	91	$10,000-$50,000		O
Sites Testing Osteoporosis Prevention and Intervention Treatments (STOP/IT) program: pilot clinical trials testing means of maintaining or increasing bone strength in older adults, therefore preventing osteoporosis.	17 9	9.7 17.18		NIH/NIA	91	$10,000-$50,000		O
Role of Calcium in the Etiology and Prevention of Osteoporosis: studies on effects of calcium on bone mass formation during puberty; prevention of age-related bone loss by calcium therapy; control of calcium absorption and metabolism.	17 2	2.8	2R 17R	NIH/NIA NIH/NIAMS NIH/NCI NIH/NIDDK NIH/NCRR	91	See PA 2.		C Y A O
Asthma Clinical Trials: address issues associated with asthma in the inner-city (especially among blacks and Hispanics) and childhood asthma.	17 11	11.1 17.4 17.14	11R	NIH/NIAID	91	See PA 11.	B H	I C
Allergy and Infectious Disease Research in Minority Health: focus on AIDS, sexually transmitted diseases, and asthma; dissemination of information to health care workers practicing in minority communities continues to be a priority.	17 11 18 19	11.1 17.4	11R 17R 18R 19R 19P	NIH/NIAID	91	$50,000-$100,000	M	
Allergy, Immunology, and Transplantation: research on the immune system and its role in allergic diseases, asthma (especially in children and minorities), and organ transplant rejection.	17 11	11.1 17.4	17R	NIH/NIAID	91	>$100,000	M	I C
Alzheimer Disease Research: study of similarities to viral diseases of the brain.	17		17R	NIH/NIAID	91	$1,000-$5,000		O

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Gene Therapy: identifying, locating, and characterizing functions of gene(s) that cause primary immunodeficiency diseases, designing improved therapies and diagnostic procedures, and providing leadership in transplantation immunology.	17		17R	NIH/NIAID	91	$10,000-$50,000		
Genetic Markers for Insulin Dependent Diabetes: information will be used to develop immune-suppressing drugs in an effort to prevent the development of diabetes in high-risk individuals.	17	17.11		NIH/NIAID	91	$5,000-$10,000		
Research into Infectious Diseases that Result in Arthritis: focus on the diagnosis, treatment, and prevention of Lyme Disease and other infectious diseases.	17 20		17R 20R	NIH/NIAID	91	See PA 20.		
Research on the benefits and risks of replacement hormone therapy in post-menopausal women.	17 9	9.7 17.18		NIH/NIAMS	91	$1,000-$5,000	F	A
Arthritis and other Rheumatic Diseases: research into the etiology and pathogenesis of arthritis and other rheumatic diseases such as systemic lupus erythematosus, scleroderma, polymyositis/ dermatomyositis, and the spondyloarthropathies.	17	17.2 17.3	17R	NIH/NIAMS	91	$10,000-$50,000		
Musculoskeletal Diseases: studies on the etiology and pathogenesis of osteoarthritis and musculoskeletal injuries.	17 1 9	9.19 17.2 17.3 17.5	1R 9R 17R	NIH/NIAMS	91	$1,000-$5,000		
Low Back Pain: research on the etiology and pathogenesis of low back pain and preventive interventions.	17	17.5	17R	NIH/NIAMS	91	$500-$1,000		
Skin Diseases: studies on the etiology and pathogenesis of chronic skin diseases.	17 16	17.2 17.3	16R 17R	NIH/NIAMS	91	$5,000-$10,000		
Muscle Diseases and Muscle Biology: research into the etiology and pathogenesis of muscle diseases and injuries and studies of muscle structure and contraction.	17 1 9	9.19 17.2 17.3	1R 9R 17R	NIH/NIAMS	91	$1,000-$5,000		
Lyme Disease: studies of the pathogenesis of Lyme disease and its complications, testing of preventive interventions, and clinical trials of therapies.	17 20		17R 20R	NIH/NIAMS	91	See PA 20.		
Cystic Fibrosis: research in the areas of basic molecular technology, genetic engineering, gene therapy, screening/testing, and treatment.	17	17.2	17R	NIH/NIAMS	91	$10,000-$50,000		
Impact of Rheumatic and Musculoskeletal Diseases on Minority Populations: studies include systemic lupus erythematosus, arthritis, and hip fractures.	17	17.2 17.3	17R	NIH/NIAMS	91	$10,000-$50,000	M	
Lupus Research: basic and clinical research and research training; particular emphasis will be placed on genetic factors.	17		17R	NIH/NIAMS	91	$10,000-$50,000		
Osteoporosis and Bone Disease: basic, clinical, and epidemiological research into prevention; therapies under study include drug therapy, calcium (nutritional) supplements, estrogen hormone treatment, and exercise.	17 2 9	2.8 9.7 17.18		NIH/NIAMS	91	$10,000-$50,000		O

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Role of Calcium in the Etiology and Prevention of Osteoporosis: studies on effects of calcium on bone mass formation during puberty; prevention of age-related bone loss by calcium therapy; control of calcium absorption and metabolism; and the relationship to osteoporosis and related fractures.	17 2 9	2.8	2R 9R 17R	NIH/NIAMS	91	See PA 2.		
Hip Fractures due to Osteoporosis: research into the epidemiology, pathogenesis, and prevention of osteoporosis and related hip fractures.	17 1 2 9	9.7	1R 2R 9R 17R	NIH/NIAMS	91	See PA 9.		
Infant Mortality due to Inherited Connective Tissue Disorders: research into the molecular biology and pathogenesis of osteogenesis imperfecta, epidermolysis bullosa, and other inherited connective tissue disorders that are associated with infant mortality.	17 14	14.1	14R 17R	NIH/NIAMS	91	See PA 14.		
Bone Biology and Bone Diseases Research: basic, therapeutic, and epidemiologic studies relevant to the prevention of osteoporosis and other bone diseases and their consequences.	17 2 9	2.8 9.7 17.2 17.3 17.18	2R 9R 17R	NIH/NIAMS	91	$10,000-$50,000		
Osteoporosis Research/Extramural: studies causes, diagnosis, treatment, and prevention of osteoporosis-related fractures.	17 9	9.7 17.3	9R 17P 17R	NIH/NIAMS NIH/NIDR	91	$10,000-$50,000		O
Center for Research for Mothers and Children (CRMC): study issues such as HIV infected mothers, premature delivery, birth defects, low birth weight, infant mortality, drug abuse in pregnancy, SIDS, mental retardation, and human learning and behavior; basic biological research is also conducted to understand the genetics of the developmental process.	17 14	14.1 14.5 17.8		NIH/NICHD	91	See PA 14.		I C A
National Center for Medical Rehabilitation Research: supports research and research training on rehabilitation of individuals with physical disabilities resulting from disease or disorder of physiologic systems.	17	17.1-17.3	17R	NIH/NICHD	91	$500-$1,000	D	
Management of Diabetes in Children and Adolescents: six-component regimen that may lead to the prevention of diabetes.	17	17.11		NIH/NICHD NIH/NIDDK	91	$50,000-$100,000		C Y
Rehabilitation Research: research and training, dissemination of health information, and other programs aid the rehabilitation of people with disabilities resulting from diseases or disorders of the neurological, musculoskeletal, cardiovascular, pulmonary or other physiological system.	17	17.1	17R	NIH/NICHD NIH/NINDS	91	$50,000-$100,000	D	
Noise Induced Hearing Loss: research into exposure to occupational and recreational noises, and its effect on the inner ear.	17 10	10.7 17.6	10R	NIH/NIDCD	91	See PA 17.		
Communication and Impairments or Disorders: development of a cost-efficient, reliable base for obtaining epidemiological data on the prevention and regeneration of hearing impairment.	17		17S	NIH/NIDCD	91	$100-$500		
Deafness and Communications Disorders Research: research in the areas of molecular biology, sensory regeneration, hereditary deafness, presbycusis (age-related hearing loss), and adult aphasia.	17	17.6	17R	NIH/NIDCD	91	$5,000-$10,000		
Early Assessment of Hearing Impairments in Infants: development of new testing technologies for infants.	17	17.6 17.15 17.16	17R	NIH/NIDCD	91	<$100		I C

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Hearing Loss Among the Elderly: studies of age-related hearing loss (presbycusis), on voice and speech disorders of older adults, and on ways to improve the quality of life for those impaired.	17	17.3 17.17		NIH/NIDCD	91	$1,000-$5,000		O
Hearing Loss Detection and Intervention: investigation of oto-acoustic emissions testing which would allow for early detection without the cooperation of the person being tested.	17	17.15-17.17		NIH/NIDCD	91	$100-$500		I
Therapeutic Advances in Hearing Aids: development of new types of auditory prostheses, cochlear implants, and interleaved-pulse processors.	17	17.2 17.3		NIH/NIDCD	91	$1,000-$5,000		
Obesity Research: study of obesity and the role of surgical intervention for the severely overweight population and weight-height guidelines to incorporate health maintenance and the behavioral aspects of energy intake and expenditure in obesity prevention; also includes prevention of obesity and its complications and convening the National Task Force on the Treatment and Prevention of Obesity.	17 1 2	1.2 2.3 2.5-2.8 2.21 17.11-17.13	1R 2R	NIH/NIDDK	91	See PA 2.		
Nutrition as Prevention: research is supported in areas such as perinatal development and osteoporosis.	17 2 14	2.8 2.10 2R 14.5	2R	NIH/NIDDK	91	See PA 2.		I O
Diabetes Prevention in Special Populations: program for special populations most affected by diabetes; particular emphasis is on improved understanding of behavioral influences for long-term weight loss and control.	17	17.9 17.10	17R	NIH/NIDDK	91	$50,000-$100,000	B I	
Diabetes Research Information System: diabetes information accessible to all investigators and clinicians.	17		17R	NIH/NIDDK	91	$50,000-$100,000		
Digestive Diseases and Nutrition Research: includes work on therapy for chronic hepatitis C, nutritional sciences, and understanding and preventing associated health risks.	17 2 15 20	2.3 15.10 17.12 20.3	2R 17R	NIH/NIDDK	91	See PA 17.		
End-Stage Renal Disease Research: research into ways to combat kidney disease and hypertension in blacks, kidney and urological diseases in children, mechanisms leading to chronic renal disease, and the effects of hormones on metabolism of the kidney, the effects of drugs and toxins, and therapeutic interventions for ESRD.	17	17.9 17.10	17R	NIH/NIDDK	91	$10,000-$50,000	B	C
Endocrine Research: studies of bone-active hormones and their cell receptors, especially in osteoporosis treatment.	17	17.18	17R	NIH/NIDDK	91	$10,000-$50,000		
Prevention of Diabetes: includes etiology research and development of a genetic screening test for insulin dependent diabetics.	17	17.11	17R	NIH/NIDDK	91	>$100,000		
Gene Therapy Research: research to measure gene structure, cell biology, and gene transfer techniques for the study of pathophysiology, prevention, and treatment of diseases such as diabetes, and kidney and urologic diseases.	17		17R	NIH/NIDDK	91	$10,000-$50,000		

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Kidney and Urologic Disease Research Grants: grants for work in the areas of disease among minorities, diabetes mellitus, pediatric nephrology/urology, end-stage renal diseases, and various genetic disorders.	17		17R	NIH/NIDDK	91	$50,000-$100,000	M	I C
Kidney, Urology, and Hematologic Diseases: research on the effect of disease on minority populations and on the severe complications of diabetes (especially end-stage renal disease).	17 15	15.3 17.10	15R 17R	NIH/NIDDK	91	>$100,000	M	O
Research on Minority Health: focuses on various digestive diseases that disproportionately affect minority populations, including gallstone disease and renal disease.	17	17.10	17R	NIH/NIDDK	91	$10,000-$50,000	M	
Women's Health: participation through research and clinical trials on obesity, diabetes, urological conditions, and osteoporosis.	17 2 14	2.3 2.5-2.10 14.6 14.7 17.9-17.13 17.18	2R 14R 17R	NIH/NIDDK	91	$10,000-$50,000	F B H I	
Osteoporosis and Bone Diseases: research into the etiology and prevention of osteoporosis and bone diseases.	17		17R	NIH/NIDDK	91	$10,000-$50,000		
Blood diseases: research into disorders of blood, maintenance of a safe and adequate blood supply, and development of new treatments.	17 18	18.7	17R 18R	NIH/NIDDK	91	$10,000-$50,000		
Community-Based Programs: educational and community-based chronic disease control programs, including training programs.	17 8		8R 17R	NIH/NIDDK	91	$10,000-$50,000		
Environmental Health: research into toxicology and chronic disease.	17 11		11R 17R	NIH/NIDDK	91	See PA 11.		
Weight and Maternal and Infant Health: research into excessive weight gain and diabetes during pregnancy.	17 2 14	2.3 14.7 17.9-17.11	17	NIH/NIDDK	91	See PA 14.	F B H I	Y A
Surveillance and Data Systems: periodic analysis and publication of data on chronic conditions (with particular emphasis on minority populations), including diabetes.	17 22	22.5	17S	NIH/NIDDK	91	See PA 22.	M	
Cystic Fibrosis: program of basic and clinical research.	17		17R	NIH/NIDDK	91	$10,000-$50,000		
Diabetes Prevention: includes etiology research and development of a genetic screening test for insulin dependent diabetes.	17	17.11	17R	NIH/NIDDK	91	>$100,000		
Obesity in Adolescents: studies on the prevention and metabolic consequences of weight cycling; smoking, dieting, and weight reduction; family interventions; role of exercise; emphasis on young black and white females.	17 1 2 15	1.2 2.3 2.7 15.10 17.12 R		NIH/NIDDK NIH/NICHD NIH/NCNR	91	See PA 2.	F M B	Y

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Diabetes, Endocrinology, and Metabolic Diseases: research on complications, better screening and intervention programs (especially in high-risk groups such as blacks, Hispanics, American Indians, and obese people), endocrine factors in various diseases, preventive therapy of hormones in osteoporosis, and genetic disorders and groups susceptible to certain disorders.	17	17.10 17.12 17.18	17R	NIH/NIDDK NIH/NIDR	91	>$100,000	B H I	
Prevention of Strokes: research to identify ways to prevent morbidity and mortality in nonhypertensive patients; particular emphasis will be placed on nurodegenerative diseases.	17 15	15.2	15R 17R	NIH/NINDS	91	See PA 15.		
Biological Research: research in Alzheimer's disease and other chronic diseases, epilepsy and narcolepsy, head injury, cognitive sciences including pain, neurological disorders, and stroke/cerebrovascular disease.	17	17.2 17.3	17R	NIH/NINDS	91	>$100,000		
Huntington's Disease Research: research on the exact location of the gene responsible for this neurodegenerative disorder and on the effect of the gene on brain nerve cells.	17	17.1 17.2	17R	NIH/NINDS	91	$10,000-$50,000		
Increasing Years of Healthy Life: studies in treatment of chronic diseases to enable patients to continue living normal lives longer and reducing need for treatment.	17	17.1	17R	NIH/NINDS	91	$10,000-$50,000		O
Mechanisms and Causes of Diabetic Neuropathy (peripheral nerve damage): research to prevent nerve damage that can cause pain, numbness, or lack of sensation which can lead to eventual amputation.	17	17.10	17R	NIH/NINDS	91	$5,000-$10,000		
Neurological Research in Minority Health: focuses on diseases and conditions that disproportionately affect minority populations, such as brain hemorrhage resulting from very low birth weight, epilepsy, stroke, and diabetic neuropathy.	17	17.1-17.3	17R	NIH/NINDS	91	$5,000-$10,000	M	I
Understanding the Human Brain: intramural and extramural basic neuroscience research to increase understanding of molecular and cellular neurobiology of cognition, systems, and integrative neuroscience.	17 6 9		6R 9R 17R	NIH/NINDS NIH/NICHD	91	See PA 6.		
Healthy People 2000 Coordination: PHS-wide coordination and staff support for Assistant Secretary for Health's review and oversight of PHS activities to achieve the Healthy People 2000 objectives.	17	17.1-17.20		OASH/ODPHP	91	<$100		
Other Federal Agencies with Programs for Diabetes and Chronic Disabling Conditions: Department of Agriculture.	17				91			
Other Federal Agencies with Programs for Diabetes and Chronic Disabling Conditions: Department of Education.	17				91			
Other Federal Agencies with Programs for Diabetes and Chronic Disabling Conditions: Department of Health and Human Services.	17			HHS/ACF HHS/HCFA HHS/SSA	91			

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Other Federal Agencies with Programs for Diabetes and Chronic Disabling Conditions: Department of Housing and Urban Development.	17				91			
Other Federal Agencies with Programs for Diabetes and Chronic Disabling Conditions: Department of Labor.	17				91			
Other Federal Agencies with Programs for Diabetes and Chronic Disabling Conditions: Department of Transportation.	17				91			
Other Federal Agencies with Programs for Diabetes and Chronic Disabling Conditions: Department of Veterans Affairs.	17				91			

18. HIV Infection

Introduction

The human immunodeficiency virus (HIV) epidemic is a multifaceted national and international problem. People with HIV develop acquired immunodeficiency syndrome (AIDS), including severe opportunistic infections, Kaposi's sarcoma, and multiple-system medical complications. By the end of 1993, a projected total of 360,000 to 460,000 cases of AIDS will have been diagnosed in the United States and 280,000 to 370,000 people will have died from the disease.

An estimated 1 million people in the United States are infected with HIV and of these approximately 40,000 to 60,000 became infected in 1990. Groups at special risk include injection drug abusers and their sex partners; people with large numbers of sex partners; men who have sex with men and their female partners; and people who exchange sex for money or drugs.

Action Summary

The PHS mission is to prevent further spread of HIV infection and to develop effective therapies for those already infected. The mission is carried out through research, risk assessment, and education for prevention. PHS works with the Nation's public and private organizations to deliver effective prevention, treatment, and related health programs for all people affected by the epidemic.

The National AIDS Program Office (NAPO), a staff office within the Office of the Assistant Secretary for Health, has the lead for coordinating the efforts of PHS to achieve the *Healthy People 2000* HIV Infection objectives. NAPO provides leadership in developing PHS policies and programs and builds partnerships throughout the public and private sectors.

To plan and coordinate future budget and program activities, PHS has developed a strategic plan that is consistent with the *Healthy People 2000* HIV objectives. The plan is coordinated with the PHS AIDS budget so that programs and policies focusing on the objectives can be identified in the budget.

To coordinate the HIV-related activities of the PHS agencies, the Assistant Secretary for Health conducts biweekly PHS HIV Leadership meetings attended by the PHS Agency Heads and PHS Agency AIDS Coordinators. These meetings help PHS agencies identify key HIV and AIDS issues and create unified HIV policies. NAPO will continue to use this forum to ensure that PHS remains focused on achieving the *Healthy People 2000* HIV Infection objectives.

A PHS Executive Task Force on AIDS is the forum for achieving consensus on HIV issues, developing strategies for AIDS prevention and control activities, coordinating programs and policies that cut across PHS agencies, and promoting information sharing. In addition, AIDS Coordinators in the ten PHS Regional Offices encourage information-sharing and coalition-building with HIV programs throughout the country.

Partnerships for Healthy People 2000

Partnerships are essential to meeting the challenges posed by the HIV epidemic. As a staff office within the Office of the Assistant Secretary for Health, NAPO builds partnerships with other public and private organizations to create a coordinated effort in the fight against AIDS. NAPO links local, State, national, and international partners in the global fight against HIV infection.

To promote partnerships throughout the Federal Government, NAPO convenes the PHS Federal Coordinating Committee on AIDS (FCCA) each month. Intended to identify government-wide HIV concerns, the Committee consists of representatives from 11 Federal departments, 20 agencies, and 5 offices within the Executive Office of the President. NAPO will continue to use this forum to encourage and monitor activities throughout the Federal Government.

NAPO has formed working relationships with State and local governments, AIDS advocacy groups, and professional organizations to encourage information exchange, receive input for

policy development, and facilitate the development of national HIV-related coalitions. NAPO's working relationships with these groups are an important means of focusing activities on achieving the HIV objectives.

As a global epidemic, AIDS presents special concerns to people, organizations, and governments throughout the world. To help create an effective world-wide response, NAPO facilitates the sharing of U.S. technology and expertise internationally. These efforts will encourage other countries to develop national plans for combatting the epidemic.

Priority Issues for Future Action

To achieve the HIV Infection objectives, PHS and its partners in support of this priority area will give particular emphasis to the following issues for future action:

- Continued strong focus on coordination within the Public Health Service.
- Increased emphasis on improving knowledge of what works to change risk-taking behavior and dissemination of that knowledge to individuals, providers, and communities. Extensive evaluation of programs that attempt to change behavior will continue to be necessary.
- Expanded emphasis on testing for HIV infection, especially among people who are asymptomatic but who engage in high risk behavior.

For More Information . . .

Healthy People 2000 HIV Infection Coordinator
National AIDS Program Office
Humphrey Building, Room 728-G
200 Independence Avenue, SW.
Washington, DC 20201
(202) 472-3560

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Prevention of Disease through Behavior Modification: studies of specific populations taking demography into account as a means of developing better prevention programs for groups such as HIV-infected individuals and poly-drug users.	18 4	4.12 18.5 18.6 18.12	18R	ADAMHA/NIDA	91	See PA 4.		
Health Care Worker Program: community-based health care programs tailored for providers who will be trained to address mental disorders related to HIV and AIDS.	18 6	6.13 18.9		ADAMHA/NIMH	91	See PA 6.		
Center for AIDS Prevention Studies: addresses risk behaviors and the development of effective culture specific prevention strategies for at-risk populations.	18	18.1-18.7 18.12		ADAMHA/NIMH	91	$1,000-$5,000	M	
HIV Information and Education and Preventive Services: treatment trials and therapy information.	18	18.1 18.2		ADAMHA/NIMH	91	$1,000-$5,000		
HIV Population-Based Research: natural history, transmission, and risk factors (natural history and cofactors).	18	18.1 18.2		ADAMHA/NIMH	91	$10,000-$50,000		
HIV Risk Assessment and Prevention: research focusing on the phychosocial effects of HIV and AIDS.	18 6	6.4 6.5 6.7 6.8 6.13 6.14 18.1 18.2	6R	ADAMHA/NIMH	91	$5,000-$10,000		
HIV Risk Assessment and Prevention: surveillance of HIV through surveys.	18	18.1 18.2	18S	ADAMHA/NIMH	91	$1,000-$5,000		
Intervention in Schools: programs to reduce risk behaviors for HIV among adolescents and young adults; particular emphasis is placed on through culture-specific behavioral interventions.	18 8	8.4 8.4 8.11 18.10		ADAMHA/NIMH	91	$100-$500		C Y
Sexual Behavior: grants to support research on factors influencing high-risk sexual behavior.	18	18.9	18R	ADAMHA/NIMH	91	$100-$500		Y A
Mental Health Public Inquiries Program: answers 100,000 public inquiries each year, on subjects that include schizophrenia; depression; anxiety and personality disorders; suicide; stress; stigma; psychological and neurological effects of AIDS; and behavioral changes to prevent HIV infection.	18 6 7	6.1-6.4 6.7 6.8 7.2 7.8		ADAMHA/NIMH	91	See PA 6.		
Mental Health Publications Program: publishes an array of brochures, flyers, and fact sheets on diagnosis and treatment of mental illnesses; the effects of stress; mental health research; and the psychological and neurological aspects of HIV infection and AIDS.	18 6 7	6.1-6.5 6.7-6.9 6.13 7.2 7.4 7.5 7.8 18.1-18.4		ADAMHA/NIMH	91	See PA 6.		

Related Issue Codes:
R=Research
S=Surveillance
P=Personnel
G=General

Special Population Codes:
B = Blacks
H = Hispanics
A = Asians/Pacific Islanders
I = American Indians
M = Minorities
L = People with Low Incomes
F = Women
D = People with Disabilities
R = Rural or Migrant Farm Workers

Age Group Codes:
I = Infants
C = Children
Y = Adolescents/Young Adults
A = Adults
O = Older Adults

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Phase II Clinical Trial of Peptide T: testing of a potential HIV therapeutic for treating neurocognitive dysfunction caused by HIV.	18 6	6.4 6.13	6R 18R	ADAMHA/NIMH	91	See PA 6.		
Central Nervous System Research: research into HIV-related infection of AIDS on central nervous system function in children and adolescents.	18 6	6.3 6.14	6R 18R	ADAMHA/NIMH	91	See PA 6.		C Y
Services Delivery Research: research into the organization and delivery of mental health services for children and families affected by HIV.	18 6	6.3 6.14	6R 18R	ADAMHA/NIMH	91	See PA 6.		
Pregnant and Postpartum Women and Their Infants Grant Program: focus on prevention and treatment for pregnant and postpartum women and their infants as well as young women of prechildbearing age; projects offer nutritional education and counseling, alcohol and other drug use prevention and treatment, comprehensive mental health and substance abuse services, HIV/AIDS education, counseling, testing, sexually transmitted disease prevention/treatment, and clinical preventive services.	18 2 4 6 19 21	2.10 2.11 6.1-6.9	4G 18G 19G 21G	ADAMHA/OSAP	91	See PA 4.		I C Y A
ADMS Block Grant: indirect services through use of prevention set aside and substance abuse outreach, HIV/AIDS eduction, general health and nutrition.	18 4 8	4.3 4.13 8.1 8.11 18.9		ADAMHA/OTI	91	See PA 4.		
Clinical Preventive Services: testing and prophylactic medication and treatment for HIV, sexually transmitted diseases, tuberculosis, and hepatitis in community-based addiction treatment programs.	18 5 19 21	5.11 18.13 19.11 21.1 21.3 21.6		ADAMHA/OTI	91	See PA 21.		
HIV Infection: HIV/AIDS eduction, counseling, testing, medication, and psychol/social interventions in addiction treatment programs.	18	18.2 18.5 18.9 18.12 18.13		ADAMHA/OTI	91	>$100,000		
Guidelines on HIV Infection: develop guidelines addressing knowledge, attitudes, and practices of practitioners to improve evaluation and early intervention for asymptomatic individuals to reduce high-risk behavior and transmission.	18	18.9	18P	AHCPR	91	$100-$500		
HIV Information, Education, and Preventive Services: national clearinghouse of HIV/AIDS information.	18	18.1 18.2		CDC/NAIEP	91	$5,000-$10,000		
HIV Information, Education, and Preventive Services: national hotline for HIV/AIDS information.	18	18.1 18.2		CDC/NAIEP	91	$5,000-$10,000		
HIV Information, Education, and Preventive Services: regional, State, and local programs for the general public and special programs for HIV prevention.	18	18.1 18.2		CDC/NAIEP	91	$10,000-$50,000		
National Public Information Program: "America Responds to AIDS" campaign.	18		18G	CDC/NAIEP	91	$10,000-$50,000		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
National Partnership Programs: (1) partnership with HRSA for a national HIV educational effort directed to people with hemophilia and their sex partners; (2) collaborating with the American Red Cross to implement comprehensive education programs; and (3) collaborating with the American Red Cross and other CDC grantees to develop a coordinated program for stimulating greater participation in HIV-related issues.	18	18.7 18.9-18.11	18S	CDC/NAIEP HRSA	91	$1,000-$5,000		
School Health Education Program: focus on preventing HIV infection and evaluating education about AIDS and HIV infection.	18 8	8.4 8.10 8.11 18.10		CDC/NCCDPHP	91	$10,000-$50,000		C Y
HIV Education Programs: helps State and local departments of education to train teachers and other professional staff to teach youth about HIV.	18	18.10 18.11	18P	CDC/NCCDPHP	91	$1,000-$5,000		
HIV Information, Education, Preventive Services: grants to States for the evaluation of school and college aged youth projects.	18	18.3 18.10 18.11	18R	CDC/NCCDPHP	91	$1,000-$5,000		Y
HIV Information, Education, Preventive Services: national programs for school and college aged youth.	18	18.3 18.10 18.11		CDC/NCCDPHP	91	$10,000-$50,000		
HIV Information, Education, Preventive Services: program development and training grants to States for school and college aged youth.	18	18.3 18.10 18.11		CDC/NCCDPHP	91	$5,000-$10,000		Y
Perinatal AIDS Prevention Projects: research into barriers to effective use of contraception among target populations, to evaluate attitudinal factors related to use of contraception among HIV infected women, and to encourage behavioral change among HIV infected women to reduce risk of transmission.	18 5 14	5.6 18.4	5R 14R 18R	CDC/NCCDPHP	91	$10,000-$50,000	F	I C
Coordination of Local Programs to Prevent HIV: cooperative agreements to help cities with high rates of HIV infection establish, coordinate, and institutionalize community coalitions to prevent HIV infection among youth aged 10 through 24 who are in high-risk situations.	18 8	8.10 18.1 18.12		CDC/NCCDPHP	91	$5,000-$10,000		C Y
National Survey of Family Growth: provides national data on the demographic and social factors associated with contraception, pregnancy, childbearing, adoption, and maternal and child health.	18 5 19		5S 18S 19S	CDC/NCHS	91	See PA 5.	F	
National Health Interview Survey: collection and publication of survey data on personal and demographic characteristics, illnesses, injuries, impairments, chronic conditions, use of health resources, and other health topics.	18		1S 2S 3S 6S 8S 9S 13S 14S 15S 16S 17S 18S 20S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
HIV Population-Based Research: natural history, transmission and risk factors, with particular attention to cofactors.	18	18.1 18.2	18R	CDC/NCID	91	$5,000-$10,000		
HIV Population-Based Research: natural history, transmission, and risk factors related to sexual transmission.	18 5 19	18.1-18.4	5R 18R 19R	CDC/NCID	91	$1,000-$5,000		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
HIV Population-Based Research: natural history, transmission, risk factors related to blood recipients and donors.	18	18.1 18.2 18.7	18R 18S	CDC/NCID	91	$1,000-$5,000		
HIV Population-Based Research: natural history, transmission, risk factors related to hemophilia.	18	18.1 18.2 18.7	18R	CDC/NCID	91	$500-$1,000		
HIV Population-Based Research: natural history, transmission, risk factors.	18	18.1 18.2	18R	CDC/NCID	91	$1,000-$5,000		
HIV Population-Based Research: natural history, transmission, risk factors related to perinatal infection.	18 14	14.1 18.1 18.2	14R 18R	CDC/NCID	91	$5,000-$10,000		I
HIV Population-Based Research: natural history, transmission, risk factors related to intravenous drug abusers.	18 4	18.1 18.2 18.5 18.6	4R 18R	CDC/NCID	91	$1,000-$5,000		
HIV Risk Assessment and Prevention: surveillance for HIV through surveys.	18	18.1 18.2	18S	CDC/NCID	91	$50,000-$100,000		
HIV Risk Assessment and Prevention: surveillance of diseases associated with HIV.	18	18.1 18.2	18S	CDC/NCID	91	$10,000-$50,000		
AIDS Case Reporting and Ascertainment of HIV-Related Morbidity: helps State and local health departments in simplifying reporting of AIDS and HIV-related morbidity.	18		18S	CDC/NCID	91	$1,000-$5,000		
HIV Information, Education, and Preventive Services: grants to States for community-based demonstration projects.	18 8	8.10 18.1 18.2	8R	CDC/NCPS	91	$1,000-$5,000		
HIV Information, Education, and Preventive Services: grants to high incidence areas for HIV-related tuberculosis demonstration projects.	18 20	18.1 18.2 20.4	18R 20R	CDC/NCPS	91	$5,000-$10,000		
HIV Information, Education, and Preventive Services: project grant to the U.S. Conference of Mayors.	18 8	18.1 18.2	8R	CDC/NCPS	91	$100-$500		
HIV Information, Education, and Preventive Services: special minority initiatives.	18	18.1 18.2		CDC/NCPS	91	$10,000-$50,000	M	C Y A
HIV Risk Assessment and Prevention: surveillance for HIV conducted through studies of knowledge, attitudes, and behaviors.	18	18.1 18.2	18S 18R	CDC/NCPS	91	$1,000-$5,000		
Prevention of Parenteral HIV Transmission: efforts include counseling/testing/referral services available for those seeking treatment for intravenous drug use and supporting street outreach programs for prevention.	18 4	4.12 18.9 18.12		CDC/NCPS	91	$10,000-$50,000		
HIV Community Demonstration Projects: grants to fund community-based research to develop, implement, and evaluate interventions to decrease the probability of HIV transmission in a community, especially among difficult to reach high-risk groups such as IDUs not in treatment, men who have sex with men but do not identify themselves as gay or bisexual, prostitutes, etc.	18 8	18.3 18.4 18.12	8R 18R	CDC/NCPS	91	$1,000-$5,000	L M	Y A

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
HIV Counseling, Testing, Referral, and Partner Notification (CTRPN): cooperative agreements with State and local health departments to provide services for individuals who want to learn their HIV infection status, obtain counseling to reduce risk behaviors, learn the benefits of early medical evaluation/therapy and where to obtain this care, and assist in notifying sex/needle sharing partners of their potential risk of HIV infection.	18	18.8 18.12		CDC/NCPS	91	$50,000-$100,000	R L M	Y A
HIV Health Education/Risk Reduction: cooperative agreements with State and local health departments and through them to community-based organizations to develop and evaluate programs to prevent and reduce behaviors/activities that increase HIV transmission risk in targeted populations via street outreach, group counseling of seropositive individuals, and health care worker education.	18	18.1-18.4 18.6 18.12		CDC/NCPS	91	$10,000-$50,000	R L M	Y A
Innovative Community-based HIV Prevention Projects: funds and technical assistance to 98 CBOs in high incidence metropolitan areas for demonstration projects to develop innovative prevention programs and establish collaborations among CBOs, community service providers, and local health departments.	18	18.1-18.4 18.12	18G 18R	CDC/NCPS	91	$1,000-$5,000	L M	Y A
Minority HIV Prevention Initiative: cooperative agreements with State and local health departments and through them to community-based organizations serving racial/ethnic minorities to provide health education/risk reduction activities.	18	18.1-18.4 18.6 18.12		CDC/NCPS	91	$10,000-$50,000	R L M	Y A
National AIDS Minority Organizations Grant Program: funds for national minority organizations to develop culturally relevant HIV/AIDS prevention messages for minorities at risk of HIV infection and to provide technical assistance to local CBOs.	18	18.1-18.4 18.12	18G	CDC/NCPS	91	$5,000-$10,000	R L M	Y A
HIV Information, Education, and Preventive Services: grants to States for HIV Prevention among drug abusers.	18 4	4.12 18.5 18.6		CDC/NCPS	91	$10,000-$50,000		
National Hemophilia HIV Prevention Program: interagency agreement with HRSA to provide health education/risk reduction, psychosocial support, and partner notification services to hemophilic men with HIV infection and to support cooperative agreements to evaluate HIV prevention interventions for hemophilic men and adolescents.	18	18.2-18.4 18.8		CDC/NCPS	91	$10,000-$50,000	L M	Y A
Oral Health Care: training and technical assistance to community, State, and Federal health agencies on making the dental care environment safe.	18 13	13.13 13.14 18.13 18.14		CDC/NCPS CDC/NCID CDC/NIOSH	91	See PA 13.		
Oral Health Care: development of risk communication information for the public and the profession about the safety of the dental care environment (infection control) to support use of the dental care system.	18 13	13.13 13.14 18.13 18.14		CDC/NCPS CDC/NCID CDC/NIOSH	91	See PA 13.		
Technologies for HIV Prevention: development and testing means of protecting health care and public safety workers from infection.	18 10	18.14	10R	CDC/NIOSH	91	$1,000-$5,000		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
National Laboratory Evaluation Program: assesses ability of laboratories in performing currently available tests used in prevention and control of HIV infections and AIDS.	18	18.2 18.12 18.14		CDC/PHPPO	91	$1,000-$5,000		
Blood and Blood Product Safety: publishing and distributing standards, guidelines, and recommendations for protecting the blood supply.	18	18.7		FDA/CBER	91	$10,000-$50,000		
Diagnostic Reagents and Test Kits: review and evaluation of new testing methodologies for HIV infection	18	18.8	18R	FDA/CBER	91	$5,000-$10,000		
HIV Product Evaluation, Research, and Monitoring: review and evaluation of HIV vaccines.	18	18.1 18.2	18R	FDA/CBER	91	$10,000-$50,000		
Medical Devices: research into methods of preventing transmission of HIV through barrier products; methods for disinfection and sterilization of clinical devices are being surveyed for effectiveness.	18	18.2 18.14	18R	FDA/CBER	91	$5,000-$10,000		
AIDS Program Activities: regulation of investigational therapeutic agents, vaccines, diagnostic reagents, and medical devices; blood safety; and protecting the public from unsafe or fraudulent products.	18	18.7 18.14		FDA/CBER FDA/CDER	91	$10,000-$50,000		
Therapeutic Agents: research, review, and approval of therapeutic agents drug and bacterial products for the treatment of HIV and AIDS.	18	18.1	18R	FDA/CDER	91	$10,000-$50,000		
New Therapeutic Review Process: timely and efficient premarket review of therapeutic products, especially those that offer promise for treating or preventing HIV and HIV-related diseases.	18		18R	FDA/CDER FDA/CBER	91	$10,000-$50,000		
HIV Product Evaluation, Research, and Monitoring: review and evaluation of HIV-barrier medical devices.	18	18.2	18R	FDA/CDRH	91	$5,000-$10,000		
Medical Devices: research into methods of preventing transmission of HIV through barrier products; methods for disinfection and sterilization of clinical devices are being surveyed for effectiveness.	18	18.2 18.14		FDA/CDRH	91	$1,000-$5,000		
Community Health Care Services for AIDS Program: support for entities that provide comprehensive primary care services to populations at risk of HIV.	18	18.8 18.9 18.12 18.13		HRSA/BHCDA	91	$10,000-$50,000		
HIV Prevention Demonstration Activities: demonstration projects to integrate primary care and substance abuse treatment.	18	18.1 18.2	18R	HRSA/BHCDA	91	$5,000-$10,000		
Health Professions Training and Education: programs to strengthen curricula for the diagnosis and treatment of HIV infection.	18		18P	HRSA/BHPr	91	$1,000-$5,000		
HIV/AIDS Care: education and training centers assure that a sufficient number and mix of health personnel are available to counsel, diagnose, and provide preventive services to HIV-infected people.	18		18P	HRSA/BHPr	91	$10,000-$50,000		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Oral Health Care for HIV Infected People: oral health prevention and treatment services through direct care and case management for people with HIV infection (dental reimbursement, direct services, and AIDS service demonstration project).	18 13	13.3-13.7 13.14	18G	HRSA/BHPr HRSA/BHCDA HRSA/BHRD	91	See PA 13.		
Ryan White (Title XXVI, Part B): provides treatment and support services through grants to States for individuals with HIV disease and their families.	18	18.1 18.5		HRSA/BHRD	91	$10,000-$50,000		
Ryan White HIV Emergency Relief Grant Program (Title XXVI, Part A): formula and supplemental competitive grants to help metropolitan areas with 2,000 or more reported AIDS cases meet emergency care needs of people with HIV and their families.	18	18.1 18.5		HRSA/BHRD	91	$10,000-$50,000		A
Pediatric AIDS Health Care Demonstration Program: program to help reduce perinatal transmission of HIV.	18	18.2		HRSA/MCHB	91	$10,000-$50,000		I
Basic Science Research: biomedical research activities on HIV and its genome including immunology research, neuroscience and neuropsychiatric research, development of diagnostic methods for HIV infection and development of animal models for HIV infection and its associated illnesses.	18		18R	NIH	91	>$100,000		
PHS-Wide Activities: construction and infrastructure improvements to NIH intramural facilities used to conduct AIDS-related research.	18		18R	NIH/B&F	91	$1,000-$5,000		
Risk Assessment and Prevention: surveillance activities of HIV incidence and prevalence, diseases associated with HIV infection, and knowledge, attitudes and behaviors associated with HIV infection.	18	18.1		NIH/NCI	91	$1,000-$5,000		
Nursing Interventions for HIV Infection: studies to increase basic understanding of nursing interventions to minimize dysfunction and discomfort due to physical or pychosocial sequelae of HIV infection and its treatment.	18	18.2		NIH/NCNR	91	$1,000-$5,000		I Y A
Clinical Health Services Research and Delivery: research programs focusing on management of the HIV-infected patient and its impact on the health care provider.	18	18.14		NIH/NCNR	91	$1,000-$5,000		
Research Enhancement: the training of scientific investigators in areas of immunology, molecular biology, virology and related scientific disciplines in support of HIV-related research. In addition, the NIH provides support for the construction of research facilities required to conduct AIDS research.	18	18.1		NIH/NCRR NIH/NIAID NIH/NIGMS NIH/NICHD NIH/NCNR NIH/OD	91	$10,000-$50,000		
HIV Infection Prevention Research: animal models, clinical research centers, and instrumentation for use in identifying risk factors associated with transmission, screening for HIV, and preventing the progression to AIDS and opportunistic infections.	18		18R	NIH/NCRR	91	$10,000-$50,000		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
NHLBI Minority Research Training and Career Development Programs: programs to encourage minority researchers and faculty to develop research skills in areas related to heart, lung, and blood diseases and transfusion medicine.	18 1 3 15 17 21	21.8	1P 3P 15P 17P 18P 21P	NIH/NHLBI	91	See PA 15.		
National Blood Resources Education Program: collaborative effort to increase public awareness of the need for blood and bone marrow donors (especially those of Hispanic and black origin), to enlighten health professionals in the appropriate use of blood products, and to ensure an adequate supply of safe blood and blood components.	18 8 20	8.1 18.7 20.3		NIH/NHLBI	91	See PA 8.	B H	
Intravenous Anti-HIV Immunoglobulin (HIVIG) for Preventing Maternal-Fetal Transmission of HIV Infection: Phase II Clinical Trial: Phase II clinical trial to determine whether infusions of HIVIG during the last trimester of pregnancy will significantly affect the rate of infection in babies delivered from treated women.	18 14	14.1 14.5 18.1	14R 18R	NIH/NHLBI NIH/NICHD NIH/NIAID	91	$1,000-$5,000	F	I
Pediatric Lung and Heart Complications of Human Immunodeficiency Virus (HIV) Infection: multi-center natural history study to characterize the pulmonary and cardiovascular disorders that occur in association with pediatric human immunodeficiency virus (HIV) infection.	18 15	15.1 18.2	15R 18R	NIH/NHLBI	91	$5,000-$10,000	L M	I C
Alveolar Macrophages and Defense of the Lung in AIDS: research initiative to better understand how the alveolar macrophage becomes infected with HIV, how HIV is expressed in the cell, and what alveolar macrophage functional derangements occur as a result of HIV infection.	18	18.1	18R	NIH/NHLBI	91	$1,000-$5,000		Y
NHLBI AIDS Research: research to investigate the consequences of HIV-1 infection on the cardiovascular, pulmonary, and hematologic systems, and promotion of education and prevention strategies to ensure a safe blood supply, with particular emphasis on minority populations.	18	18.1 18.2 18.14 18.7	18R	NIH/NHLBI	91	$10,000-$50,000	M	Y
Pathobiology of Pneumocystis Carinii in the Lung: research initiative to elucidate the fundamental mechanisms by which Pneumocystis carinii, the organism causing most of the pulmonary morbidity and mortality in patients with AIDS, attaches to, enters, and injures lung cells.	18	18.1	18R	NIH/NHLBI	91	$500-$1,000		Y
Thrombocytopenic Purpura in HIV Infection: initiative for support of basic and applied research on thrombocytopenic purpura occurring in conjunction with HIV infection.	18	18.1	18R	NIH/NHLBI	91	$500-$1,000		Y
Development of New Screening Tests for Human Retroviruses: initiative for basic and applied research on the development and evaluation of procedures to screen blood for human retroviruses other than human immunodeficiency virus type 1 (HIV-1), and to monitor infectivity of individuals who are carriers of these agents.	18 20	18.1 18.2 18.7 20.3	18R 20S	NIH/NHLBI	91	$1,000-$5,000		Y

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Epidemiologic Studies of Human Retroviruses In Volunteer Blood Donors: research initiative to determine the prevalence and incidence of retrovirus seropositivity in blood donors; ascertain risk factors for antibody-positive donors; characterize the blood donor population by geographic location, age, sex, race/ethnicity, and donation history to permit analysis of prevalence, incidence, and risk factors; identify recipients of retrovirus-positive units and follow-up these individuals; establish blood specimen repositories; and provide statistical and laboratory support for a longitudinal epidemiologic study of currently recognized human retroviruses in volunteer blood donors from different regions of the U.S.	18 20	18.1 18.2 18.7 20.3	18S 18R 20S	NIH/NHLBI	91	$1,000-$5,000		
Transfusion Safety Study: prospective study to evaluate the immunologic status of people who are heavily transfused; study populations include subjects with congenital hematologic diseases, including hemophilia, sickle cell disease, and thalassemia, patients who have received multiple transfusions, people who have received blood transfusions from donors who have been subsequently identified as having antibodies to HIV, and the donors of these units; the study populations also includes people who have received blood transfusions from donors subsequently identified as having antibodies to HTLV-I and the donors of these units.	18 20	18.1 18.7 20.3	18R 20R	NIH/NHLBI	91	$5,000-$10,000		
Blood and Blood Products: programs to ensure the safety of the blood supply in addition to development of new assays for the direct detection of the HIV and development of techniques to inactivate HIV in blood and blood products.	18	18.7		NIH/NHLBI NIH/NCI NIH/NIAID NIH/NCRR NIH/FIC	91	$5,000-$10,000		
Risk Assessment and Prevention: information and education activities for health care workers and providers on HIV and its sequelae.	18	18.14		NIH/NHLBI NIH/NIAID	91	$500-$1,000		
Basic Science Research: behavioral research focused on the mechanisms of behavior and behavioral change and the prevention of high-risk behaviors associated with HIV infection.	18		18R	NIH/NHLBI NIH/NIAID NIH/NIA NIH/NCRR NIH/NCNR	91	$1,000-$5,000		
Allergy and Infectious Disease Research in Minority Health: focus on AIDS, sexually transmitted diseases, and asthma; dissemination of information to health care workers practicing in minority communities continues to be a priority.	18 11 18 19	11.1 17.4	11R 17R 18R 19R 19P	NIH/NIAID	91	See PA 17.	M	
Risk Assessment and Prevention: information and education/preventive services for school and college-aged youth including local, State, and national projects.	18	18.3		NIH/NIAID	91	$100-$500		
Basic Science Research: vaccine programs devoted to the discovery, development and clinical evaluation of AIDS vaccine candidates.	18		18R	NIH/NIAID NIH/NCI NIH/NHLBI NIH/NCRR	91	$50,000-$100,000		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Risk Assessment and Prevention: population-based research including natural history studies focusing on transmission and risk factors associated with HIV infection and its sequelae.	18	18.2		NIH/NIAID NIH/NCI NIH/NICHD	91	>$100,000		
Therapeutic Agents: the discovery, development and clinical evaluation of therapeutic agents for the treatment, prevention and control of HIV infection and its associated opportunistic infections and malignancies; this involves both targeted drug development using structural biology techniques and the identification of novel and natural agents with antiviral activity through the drug screen process.	18	18.1		NIH/NIAID NIH/NCI NIH/OD NIH/NICHD NIH/NEI NIH/NHLBI NIH/NCRR NIH/NIAMS NIH/NIEHS NIH/NIDDK NIH/NIDR	91	>$100,000		
Risk Assessment and Prevention: information available nationwide to the general public on treatment trials and therapy information services.	18	18.4		NIH/NIAID NIH/NLM NIH/OD	91	$1,000- $5,000		
Center for Population Research: research into fertility/infertility causes, new contraception methods, demographic and behavioral research relating to sexual activity and contraception, and AIDS prevention (primarily the development of new condoms).	18 5	5.3 18.1 18.2	5R 18R	NIH/NICHD	91	See PA 5.		
HIV Population-Based Research: natural history, transmission, and risk factors related to hemophilia.	18	18.1 18.2 18.7	18R	NIH/NICHD	91	$1,000- $5,000		
HIV Population-Based Research: natural history, transmission, risk factors (perinatal infections).	18 14	14.1 18.1 18.2		NIH/NICHD	91	$5,000- $10,000		I
HIV Population-Based Research: natural history, transmission, and risk factors related to sexual transmission.	18	18.1 18.2 18.4 18.5		NIH/NICHD	91	$5,000- $10,000		
HIV Population-Based Research: natural history, transmission, and risk factors that are related to hemophilia.	18	18.1 18.2 18.7	18R	NIH/NICHD	91	$1,000- $5,000		
HIV Population-Based Research: natural history, transmission, risk factors (perinatal infections).	18	14.1 18.1 18.2		NIH/NICHD	91	$5,000- $10,000		I
HIV Population-Based Research: natural history, transmission, and risk factors that are related to sexual transmission.	18	18.1 18.2 18.4 18.5		NIH/NICHD	91	$5,000- $10,000		Y A
Risk Assessment and Prevention: information and education/preventive services for high-risk and HIV-infected individuals through health education, counseling, perinatal AIDS prevention and HIV prevention among drug abusers projects.	18	18.2		NIH/NICHD NIH/NIAID	91	$1,000- $5,000		
Blood Diseases: research into disorders of blood, maintenance of a safe and adequate blood supply, and development of new treatments.	18 17	18.7	17R 18R	NIH/NHLBI	91	See PA 17.		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
HIV Research: research into the endocrine, gastrointestinal, renal, and urological implications of HIV infection and AIDS.	18	18.1 18.7 18.7 18.8	18R	NIH/NIDDK	91	$1,000-$5,000	B H	Y A
Drug Design for AIDS: research to apply techniques of molecular structure analysis to develop drugs and vaccines.	18		18R	NIH/NIGMS	91	$5,000-$10,000		
Healthy People 2000 Coordination: PHS-wide coordination and staff support for Assistant Secretary for Health's review and oversight of PHS activities to achieve the Healthy People 2000 objectives.	18	18.1-18.14		OASH/ODPHP	91	<$100		
Minority Community Health Coalition Grant Program: grant awards to help local communities target major causes of death and attendant risk factors, including violence, alcohol and drug use, infant mortality, and cancer.	18 4 7 14 15 16	4.3 4.8 7.1 14.1 14.5 15.1-15.3 16.1 18.1 18.2		OASH/OMH	91	See PA 7.	M	
HIV/AIDS Education and Prevention Grant Program: grants to national minority and community-based organizations to conduct health education and prevention activities, including data collection, studies of knowledge, behavior, and attitude of minority populations toward health, and support of regional and national meetings on AIDS in minority populations.	18	18.1 18.2	18S 18R	OASH/OMH	91	$1,000-$5,000	M	
Community Coalitions to Support Health and Human Services (Minority Males in Crisis): grants to community-based organizations to respond to the complex problems confronting minority males identified by the community.	18 7 8 19	7.1 7.3 7.6 8.1 8.11 8.12 18.1-18.6 19.1-19.8		OASH/OMH	91	See PA 7.	M	
Family Planning General Training Program: funds for regional training centers to provide training on clinical, counseling, and administrative issues for providers of family planning services.	18 5 14 19		5P 14P 18P 19P	OASH/OPA	91	See PA 5.		Y A
Family Planning STD/HIV Training: special training on diagnosis, treatment, and counseling for sexually transmitted diseases, including HIV, is provided to Title X clinicians (under an agreement with the Centers for Disease Control).	18 51 14 19		5P 14P 18P 19P	OASH/OPA	91	See PA 5.		Y
Family Planning Research: research to improve the delivery of services in family planning clinics and support the National Survey of Family Growth, which provides data on sexual activity, contraceptive behavior, and childbearing.	18 5 14 19 22		5S 5R 14S 18S 18R 19S 19R 22S	OASH/OPA	91	See PA 5.		Y A
Family Planning Information Exchange: clearinghouse that disseminates information on family planning, contraception, reproductive health, and related issues.	18 5 14 19	5.8-5.10	14G 18G 19G	OASH/OPA	91	See PA 5.		
Adolescent Family Life "Prevention" Demonstration Projects: projects to prevent adolescent premarital sexual activity, primarily through the development and testing of educational materials.	18 5 19	5.1 5.2 5.4 5.8 18.3 19.9		OASH/OPA	91	See PA 5.		Y

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Family Planning Substance Abuse Training: special training on the recognition, counseling, and treatment of substance abuse among family planning clients, provided under an agreement with ADAMHA/OTI.	18 4 5 14 19		4P 5P 14P 18P 19P	OASH/OPA ADAMHA/OTI	91	See PA 4.		Y A
Other Federal Agencies with Programs for HIV Infection: Department of Defense.	18				91			
Other Federal Agencies with Programs for HIV Infection: Department of Health and Human Services.	18			HHS/ACF HHS/HCFA	91			

19. Sexually Transmitted Diseases

Introduction

Almost 12 million cases of sexually transmitted diseases (STD) occur annually, 86 percent of them in people aged 15 through 29 years. By age 21, approximately one out of every five young people has required treatment for a sexually transmitted disease. Because only some teenagers are sexually active, this amounts to an effective rate of more than 25 percent among those who are. The total cost of sexually transmitted diseases exceeds $3.5 billion annually.

Action Summary

The Centers for Disease Control (CDC), through the National Center for Prevention Services, is the Lead PHS Agency for efforts to achieve the *Healthy People 2000* Sexually Transmitted Diseases objectives. Achieving the *Healthy People 2000* objectives for sexually transmitted diseases ultimately depends on the effectiveness of community programs in preventing the spread of disease and associated complications. Depending on the behavioral patterns and infection status of individuals, communities have four basic options for interrupting STD transmission. The community can direct educational and counseling activities to:

- prevent initiation of behaviors and/or modify conditions that put people at risk of STD (e.g., delaying age of sexual debut, always using condoms), and
- modify existing high-risk behaviors (e.g., employing safer sex practices, beginning and continuing condom use).

Likewise, when people are infected or possibly incubating certain infections, the community can direct a broad spectrum of services to:

- reduce the likelihood of long-term sequelae and the probability of infected individuals transmitting to others (e.g., screen for asymptomatic infection, reduce obstacles to health care, provide effective therapies, reduce contact with new partners), and
- prevent new infections in exposed individuals (e.g., provide early preventive therapy to partners).

The PHS approach to supporting this framework of preventive health services programs is multidimensional. CDC is responsible for maintaining national *surveillance* of STD. Through surveillance systems, morbidity and programmatic data are collected, analyzed, and disseminated. This information is used to assess the STD problem, plan intervention activities, allocate financial and human resources, and evaluate programs.

PHS conducts and supports *prevention research* to develop the science base from which interventions can be developed. Broadly defined, prevention research is oriented toward developing practical, effective approaches to reducing or preventing disease in a population. Some research is conducted by CDC Atlanta staff. Other research is supported through grants and cooperative agreements, and is conducted by prevention partners in health departments and academic institutions.

CDC maintains *resource management systems* to procure and distribute financial, human, and other resources to State and local STD prevention programs. In fiscal year 1991, CDC distributed more than $65 million in financial and direct assistance to State and local programs to support intervention. Part of this assistance includes almost 600 Federal public health advisors who are assigned to health departments to work with State and local counterparts. State and local programs use these resources to develop and support *preventive health services* programs to address STD problems at the community level. It is at this level that prevention strategies are implemented via collaborations with professionals in private medical practice, public clinics and

emergency rooms, reproductive health centers, maternity hospitals, drug treatment centers, boards of education, community-based street outreach organizations, and correctional facilities.

CDC maintains a broad-based team of subject area specialists to provide *technical assistance* to strengthen Federal, State, and local partnerships in STD prevention. This technical assistance is provided in a variety of ways. For example, CDC supports training for Federal public health advisors through development of training material and provision of on-the-job experience. Many of these advisors are eventually employed by local programs and their skills are critical in the management and operation of STD prevention programs.

Skilled clinicians are essential to high quality STD services. CDC provides continuing education for clinicians through a national network of prevention and training centers. Specialists also develop community education, therapeutic, clinical practice, surveillance, and operational guidelines that are used throughout the country. Evaluation teams periodically consult with health department policy and program staff to improve and enhance the efficiency and effectiveness of State and local programs. CDC also provides on-site consultation on information management in STD programs and develops information management tools with which prevention programs can conduct assessment, planning, and evaluation activities. CDC provides epidemic aid assistance to investigate causes of acute increases in STD.

Partnerships for Healthy People 2000

Implementing these four approaches requires bringing into play a variety of interventions or actions that can be taken by the individual or the community to reduce the risk of disease transmission. These interventions address both biological and behavioral aspects of STD prevention and require a framework of State and local preventive health services programs in which appropriate interventions can be directed toward people at high risk of acquiring and transmitting STD. An important theme interwoven into this framework is the role of organizations beyond traditional STD prevention programs in helping to implement STD prevention strategies. Community-based organizations, volunteer groups, public and private sector agencies and institutions, the traditional health-care sector, as well as the affected populations themselves, are accepted and sought as partners who can contribute ideas, resources, and services in this venture. Several major themes in partnership development appear to be emerging: a coalition of national organizations that represent a broad range of public health educational and clinical interests has embraced the need to promote better STD awareness and prevention activities within their constituencies; State and local public health jurisdictions are increasingly integrating their STD and HIV prevention programs to more efficiently use their educational, clinical, and outreach resources; community-based organizations, especially those that have begun to conduct HIV prevention activities among minority and other high-risk populations, are increasingly involved in STD education and referral services; and STD educational, clinical, and outreach services are increasingly offered in non-traditional STD settings such as neighborhood health centers, reproductive health clinics, drug treatment centers, prenatal clinics, and correctional facilities.

Priority Issues for Future Action

To achieve the Sexually Transmitted Disease objectives, PHS and its partners in support of this priority area will give particular emphasis to the following issues for future action:

- Emphasis on research to discover effective ways of changing risk-taking behavior among people at high risk of sexually transmitted diseases.
- Greater focus on assuring that sexually transmitted disease services are accessible (e.g., well known and conveniently located) to those who need them.
- Greater emphasis on co-location of services, especially at clinics for drug abuse, maternal and infant health, and family planning.

For More Information . . .

Healthy People 2000 STD Coordinator
Division of STD/HIV Prevention
National Center for Preventive Services
Centers for Disease Control
1600 Clifton Road, NE., Mailstop E-44
Atlanta, GA 30333
(404) 639-2552

Public Inquiries
Centers for Disease Control
Management Analysis and Service Office
1600 Clifton Road, NE., Mailstop D-25
Atlanta, GA 30333
(404) 639-3286

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Pregnant and Postpartum Women and Their Infants Grant Program: focus on prevention and treatment for pregnant and postpartum women and their infants as well as young women of prechildbearing age; projects offer nutritional education and counseling, alcohol and other drug use prevention and treatment, comprehensive mental health and substance abuse services, HIV/AIDS education, counseling, testing, sexually transmitted disease prevention/treatment, and clinical preventive services.	19 2 4 6 18 21	2.10 2.11 6.1-6.9	4G 18G 19G 21G	ADAMHA/OSAP	91	See PA 4.		I C Y A
Clinical Preventive Services: testing and prophylactic medication and treatment for HIV, sexually transmitted diseases, tuberculosis, and hepatitis in community-based addiction treatment programs.	19 5 18 21	5.11 18.13 19.11 21.1 21.3 21.6		ADAMHA/OTI	91	See PA 21.		
Sexually Transmitted Diseases: testing, treatment, and preventive counseling for sexually transmitted diseases in addiction treatment programs.	19	19.1 19.10 19.14 19.15		ADAMHA/OTI	91	$1,000-$5,000		
National Hospital Discharge Survey: collection and publication of data from short-stay hospitals on patient diagnosis, gender, age, and length of hospital stay.	19 9 11 14 17		9S 11S 14S 17S 19S	CDC/NCHS	91	See PA 17.		
National Survey of Family Growth: provides national data on the demographic and social factors associated with contraception, pregnancy, childbearing, adoption, and maternal and child health.	19 5 18		5S 18S 19S	CDC/NCHS	91	See PA 5.	F	
HIV Population-Based Research: natural history, transmission, and risk factors related to sexual transmission.	19 5 18	18.1-18.4	5R 18R 19R	CDC/NCID	91	See PA 18.		
STD Clinical Training: cooperative agreements to operate 11 regional STD Prevention/Training Centers to enhance STD clinical skills among health care providers.	19		19P	CDC/NCPS	91	$1,000-$5,000		Y A
STD Prevention Education: grants and cooperative agreements to operate a national STD information and education hotline.	19		19G	CDC/NCPS	91	$500-$1,000		Y A
STD Prevention Grants: financial support to State and local health departments for surveillance, training, operations research, and STD education, counseling, outreach, and limited clinical and laboratory services.	19		19G 19P 19S 19R	CDC/NCPS	91	$50,000-$100,000		Y A
STD Prevention Research: grants and cooperative agreements to academic research centers to support STD epidemiologic, operations, intervention, and behavioral research.	19		19R	CDC/NCPS	91	$1,000-$5,000		

Related Issue Codes:
R=Research
S=Surveillance
P=Personnel
G=General

Special Population Codes:
B = Blacks
H = Hispanics
A = Asians/Pacific Islanders
I = American Indians
M = Minorities
L = People with Low Incomes
F = Women
D = People with Disabilities
R = Rural or Migrant Farm Workers

Age Group Codes:
I = Infants
C = Children
Y = Adolescents/Young Adults
A = Adults
O = Older Adults

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Chlamydia Prevention: technical support to State and local health departments for prevention and control, including policy/treatment guidelines, training materials, surveillance, epidemiologic and clinical studies, demonstration projects, and laboratory research/reference services.	19	19.2 19.6	19R 19S	CDC/NCPS CDC/NCID	91	$1,000-$5,000		Y A
Genital Herpes and Genital Wart Prevention: technical support to State and local health departments for prevention and control activities, including policy/treatment guidelines, training materials, surveillance, epidemiologic and clinical studies, demonstration projects, and laboratory research/reference services.	19	19.3 19.4	19R 19S	CDC/NCPS CDC/NCID	91	$500-$1,000		Y A
Gonorrhea Prevention: technical support to State and local health departments for prevention and control activities, including policy/treatment guidelines, training materials, surveillance, epidemiologic and clinical studies, demonstration projects, and laboratory research/reference services.	19	19.1 19.6 19.8	19R 19S	CDC/NCPS CDC/NCID	91	$1,000-$5,000		Y A
Syphilis Prevention: technical support to State and local health departments for prevention and control activities, including policy/treatment guidelines, training materials, surveillance, epidemiologic and clinical studies, demonstration projects, and laboratory research/reference services.	19	19.3 19.4	19R 19S	CDC/NCPS CDC/NCID	91	$1,000-$5,000		Y A
Sexually Transmitted Diseases and Cancer: research into role of HPVs and HTLV in increasing cancer risks.	19 16		16R 19R	NIH/NCI	91	See PA 16.		
Sexually Transmitted Diseases Prevention Research: study modes of transmission and develop markers for the prevention and detection of sexually transmitted diseases.	19		19R	NIH/NCRR	91	$1,000-$5,000		
Acute and Chronic Morbidity Attributed to Sexually Transmitted Diseases: research to combat complications such as infertility.	19 5	5.3	5R 19R	NIH/NIAID	91	$10,000-$50,000		
Allergy and Infectious Disease Research in Minority Health: focus on AIDS, sexually transmitted diseases, and asthma; dissemination of information to health care workers practicing in minority communities continues to be a priority.	19 11 17 18	11.1 17.4	11R 17R 18R 19R 19P	NIH/NIAID	91	See PA 17.	M	
STD Research: support for basic, clinical, epidemiologic, and behavioral research on sexually transmitted diseases, including 5 newly established Cooperative Research Centers that emphasize multidisciplinary approaches to STD research.	19		19R	NIH/NIAID	91	$10,000-$50,000		
Role of Contraceptives in Preventing Sexually Transmitted Diseases: research into relationship between contraceptives and sexually transmitted diseases.	19 5	5.6 19.10 19.14	19R	NIH/NICHD	91	See PA 5.		
Child and Adolescent Injury: research to develop, study, and evaluate interventions to reduce and prevent injuries to children and to better address the array of risk-taking behaviors of adolescents such as smoking, drug use, unprotected sexual activity, and injury producing behavior.	19 3 5 9	3.5 5.6 9.3 9.5 9.6 9.8 9.12 19.10		NIH/NICHD	91	See PA 9.		C Y A

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Healthy People 2000 Coordination: PHS-wide coordination and staff support for Assistant Secretary for Health's review and oversight of PHS activities to achieve the Healthy People 2000 objectives.	19	19.1-19.15		OASH/ODPHP	91	<$100		
Community Coalitions to Support Health and Human Services (Minority Males in Crisis): grants to community-based organizations to respond to the complex problems confronting minority males identified by the community.	19 7 8 18	7.1 7.3 7.6 8.1 8.11 8.12 18.1-18.6 19.1-19.8		OASH/OMH	91	See PA 7.	M	
Family Planning General Training Program: funds for regional training centers to provide training on clinical, counseling, and administrative issues for providers of family planning services.	19 5 14 18		5P 14P 18P 19P	OASH/OPA	91	See PA 5.		Y A
Family Planning STD/HIV Training: special training on diagnosis, treatment, and counseling for sexually transmitted diseases, including HIV, is provided to Title X clinicians (under an agreement with the Centers for Disease Control).	19 5 14 18		5P 14P 18P 19P	OASH/OPA	91	See PA 5.		Y
Family Planning Research: research to improve the delivery of services in family planning clinics and support the National Survey of Family Growth, which provides data on sexual activity, contraceptive behavior, and childbearing.	19 5 14 18 22		5S 5R 14S 18S 18R 19S 19R 22S	OASH/OPA	91	See PA 5.		Y A
Family Planning Information Exchange: clearinghouse that disseminates information on family planning, contraception, reproductive health, and related issues.	19 5 14 18	5.8-5.10	14G 18G 19G	OASH/OPA	91	See PA 5.		
Adolescent Family Life "Prevention" Demonstration Projects: projects to prevent adolescent premarital sexual activity, primarily through the development and testing of educational materials.	19 5 18	5.1 5.2 5.4 5.8 18.3 19.9		OASH/OPA	91	See PA 5.		Y
HIV/STD Prevention Training: Title X family planning clinicians receive specially designed training about testing, diagnosis, counseling, and treatment for sexually transmitted diseases including HIV/AIDS.	19 5 18	5.3 5.6 5.11 18.1 18.2 18.4 18.8 18.9 18.14 19.1-19.9 19.1319.15		OASH/OPA	91	See PA 5.	F	
Family Planning Substance Abuse Training: special training on the recognition, counseling, and treatment of substance abuse among family planning clients, provided under an agreement with ADAMHA/OTI.	19 4 5 14 18		4P 5P 14P 18P 19P	OASH/OPA ADAMHA/OTI	91	See PA 4.		Y A
Other Federal Agencies with Programs for Sexually Transmitted Diseases: Department of Defense.	19				91			

20. Immunization and Infectious Diseases

Introduction

The reduction in the incidence of infectious diseases stands as the most significant public health achievement of the past 100 years. Much of this progress is the result of improvements in basic hygiene and the application of specific measures such as immunization, the regulation of food production and handling, and improvements in water treatment and sewage disposal. However, much remains to be done. Older people, the very young, immunocompromised people, members of minority groups, and particularly the socioeconomically disadvantaged, are at increased risk for many infectious diseases. In addition, new infectious diseases continue to appear and new modes of transmission of infectious agents continue to be identified.

Action Summary

The Centers for Disease Control (CDC), through the National Center for Prevention Services (NCPS) and the National Center for Infectious Diseases (NCID), is the Lead PHS Agency for efforts to achieve the *Healthy People 2000* Immunization and Infectious Diseases objectives. There is a need to continue to develop new or improved vaccines; to monitor and investigate possible adverse effects of vaccines; to develop and evaluate rapid, sensitive, and specific diagnostic tests for measles and tuberculosis, as well as emerging infectious diseases such as Lyme disease; and to refine the *Streptococcus pneumoniae* vaccine for use in infants and young children to prevent *otitis media* and its complications. Through the Childhood Immunization Initiative, the PHS seeks to increase immunization levels among the Nation's children to 90 percent or greater by the time they reach two years of age. In addition, new or enhanced surveillance systems will be established or maintained as essential components of modern prevention and control efforts to detect both agents and diseases, delineate disease trends, and help in decisions regarding the allocation of resources.

Partnerships for Healthy People 2000

To maintain the advances that have been made and to specifically target efforts to reach disproportionately affected individuals, CDC will continue to provide financial and technical support to States and localities through grants and cooperative agreements. At the same time, CDC is forging new alliances through a variety of public health coalitions involving Federal, State, private, educational, and voluntary organizations such as the following:

- Immunization Education and Action Committee;
- Advisory Council for the Elimination of Tuberculosis;
- Council of State and Territorial Epidemiologists;
- Association of State and Territorial Public Health Laboratory Directors;
- Infectious Diseases Society of America;
- National Foundation for Infectious Diseases;
- American Academy of Pediatrics;
- American Public Health Association;
- Society of Hospital Epidemiologists of America;
- Association for Practitioners in Infections Control;
- American Society of Microbiology; and
- American Medical Association.

For example, the Immunization Education and Action Committee (IEAC) of the Healthy Mothers, Health Babies Coalition will provide national leadership to State and local grassroots coalitions to

increase immunization coverage and meet the *Healthy People 2000* goals. Membership of the IEAC includes community-based organizations and representatives of the public and private sectors. The IEAC is co-chaired by the Surgeon General of the U.S. Public Health Service and the Director, Division of Immunizations, CDC/NCPS.

To achieve milestones for elimination of tuberculosis by the year 2010 (which also coincide with the *Healthy People 2000* objectives), the Departmental Strategic Plan for the Elimination of Tuberculosis in the United States was developed by the Advisory Council for the Elimination of Tuberculosis (ACET). The ACET includes non-Federal authorities in public health, epidemiology, immunology, infectious diseases, pulmonary disease, pediatrics, and microbiology, as well as eight *ex officio* members representing the Department of Veterans Affairs (VA), the Department of Defense (DOD), and PHS agencies and offices.

In addition to the ACET, a Federal Tuberculosis Elimination Task Group has been formed consisting of key Federal agencies and departments. Also being formed is a National Coalition to Eliminate Tuberculosis that is expected to include representation from the American College of Chest Physicians, American Lung Association, American Medical Association, American Nursing Association, American Public Health Association, National Association of Community Health Centers, National Coalition for the Homeless, National Coalition of Hispanic Health and Human Services Organizations (COSSMHO), National Council of La Raza, National Commission on Correctional Health Care, the National Public Health Information Coalition, and other organizations.

Development, dissemination, and evaluation of prevention guidelines and strategies in collaboration with constituent groups will be an integral component of the comprehensive infectious disease prevention strategy. Through this broad base, consensus will be built, local participation will be enhanced, and policies will be developed to facilitate achievement of the objectives at the local level. Similarly, in academic, clinical, and public health settings, PHS will continue to work to increase the knowledge of health-care students and workers about the epidemiology, diagnosis, and prevention of infectious diseases.

Priority Issues for Future Action

To achieve the Immunization and Infectious Diseases objectives, PHS and its partners in support of this priority area will give particular attention to the following issues for future action:

- Achievement of age-appropriate immunization with the basic vaccine series against vaccine-preventable childhood diseases in 90 percent of children by age two.
- Increased immunization of targeted at-risk groups for influenza, pneumonia, and Hepatitis B.
- Early detection and preventive treatment of tuberculosis infection and appropriate treatment of cases of tuberculosis and tuberculosis contacts.

For More Information . . .

Healthy People 2000 Immunizations Coordinator
National Center for Prevention Services
Centers for Disease Control
1600 Clifton Road, NE., Mailstop E-07
Atlanta, GA 30333
(404) 639-1800

Healthy People 2000 Infectious Diseases Coordinator
National Center for Infectious Diseases
Centers for Disease Control
1600 Clifton Road, NE., Mailstop C-12
Atlanta, GA 30333
(404) 639-3945

Public Inquiries
Centers for Disease Control
Management Analysis and Service Office
1600 Clifton Road, NE., Mailstop D-25
Atlanta, GA 30333
(404) 639-3286

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
National Health Interview Survey: collection and publication of survey data on personal and demographic characteristics, illnesses, injuries, impairments, chronic conditions, use of health resources, and other health topics.	20		1S 2S 3S 6S 8S 9S 13S 14S 15S 16S 17S 18S 20S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
Evaluation of College and University Campus Immunization: cooperative agreement with the American College Health Association to assess the effectiveness of immunization practices, especially related to measles.	20	20.11		CDC/NCID	91	<$100		Y
Hepatitis B Virus Immunization Demonstration Project: continued efforts in prevention to high-risk minority groups.	20	20.3		CDC/NCID	91	$10,000-$50,000	M	I C Y
Prevention in Child Day Care Centers: cooperative agreements for surveillance and epidemiologic studies for prevention of infectious diseases and injuries of children in day care.	20	20.8		CDC/NCID CDC/NCEHIC	91	$100-$500		C
Infectious Disease in Infants: investigations and interventions in preventable, post-neonatal infant diseases/mortality such as diarrheal illness, measles, hepatitis B virus (HBV), and Haemophlis Influenza (Hib).	20 14	14.1 20.1 20.3 20.7 20.8 20.11		CDC/NCID CDC/NCPS	91	$10,000-$50,000		I
Infectious Diseases: investments in personnel, research, and facilities to increase prevention and dissemination of information about prevention of hepatitis B and foodborne diseases.	20 12	12.1 20.3 20.4	20R	CDC/NCID CDC/NCPS	91	<$100		
Tuberculosis Control Program: funds tuberculosis screening, patient treatment and follow up, preventive therapy, and other services such as outreach and workers to supervise therapy.	20	20.4 20.17 20.18		CDC/NCPS	91	$5,000-$10,000		
Childhood Immunizations: project grant support, disease surveillance, technical assistance/consultation, immunization level assessment, outbreak control, and other activities to help State and local health departments plan, develop, and conduct childhood immunization programs.	20	20.11 20.13	20S	CDC/NCPS	91	>$100,000		C
Demand for Vaccines: grant program to increase consumer demand for and delivery of vaccines.	20	20.11 20.13 20.14		CDC/NCPS	91	$5,000-$10,000		I C O
HIV Information, Education, and Preventive Services: grants to high incidence areas for HIV-related tuberculosis demonstration projects.	20 18	18.1 18.2 20.4	18R 20R	CDC/NCPS	91	See PA 18.		
National Vaccine Initiative: research into more efficient approaches to vaccination of children.	20	20.11	20R	FDA CDC/NCPS	91	$5,000-$10,000		C

Related Issue Codes:
R=Research
S=Surveillance
P=Personnel
G=General

Special Population Codes:
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A = Asians/Pacific Islanders
I = American Indians
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L = People with Low Incomes
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I = Infants
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Y = Adolescents/Young Adults
A = Adults
O = Older Adults

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Promotion of Vaccines: activities to develop and evaluate vaccines and to continue the assessment of their safety, potency, effectiveness.	20	20.11 20.14		FDA CDC/NCPS	91	$1,000-$5,000		
National Vaccine Initiative: research regarding safe, more efficient approaches to vaccination of children.	20	20.11	20R	FDA/CBER	91	$1,000-$5,000		C
Promotion of Vaccinations: research and evaluation of vaccines to assess their safety, potency, and effectiveness.	20	20.11 20.14	20R	FDA/CBER	91	$5,000-$10,000		
Programs in Community/Migrant Health Centers: provides immunizations to at-risk populations.	20	20.1 20.11		HRSA/BHCDA	91	$5,000-$10,000	L M	I C
Vaccine Injury Compensation Program: implementation of a fair and efficient mechanism for compensation of individuals who were injured by a vaccine; the mechanism must also contribute to the stability of costs and supply of vaccine.	20	20.15		HRSA/BHPr	91	$1,000-$5,000		
Maternal and Child Health: immunization awareness activities promoted through Maternal and Child Health program activities.	20	20.1 20.11		HRSA/MCHB	91	<$100	L M	I C
Immunization and Infectious Diseases Prevention Research: fund resources for epidemiological and surveillance studies of infections.	20		20R	NIH/NCRR	91	$10,000-$50,000		
National Blood Resources Education Program: collaborative effort to increase public awareness of the need for blood and bone marrow donors (especially those of Hispanic and black origin), to enlighten health professionals in the appropriate use of blood products, and to ensure an adequate supply of safe blood and blood components.	20 8 18	8.1 18.7 20.3		NIH/NHLBI	91	See PA 8.	B H	
Development of New Screening Tests for Human Retroviruses: initiative for basic and applied research on the development and evaluation of procedures to screen blood for human retroviruses other than human immunodeficiency virus type 1 (HIV-1), and to monitor infectivity of individuals who are carriers of these agents.	20 18	18.1 18.2 18.7 20.3	18R 20S	NIH/NHLBI	91	See PA 18.		Y
Epidemiologic Studies of Human Retroviruses In Volunteer Blood Donors: research initiative to determine the prevalence and incidence of retrovirus seropositivity in blood donors; ascertain risk factors for antibody-positive donors; characterize the blood donor population by geographic location, age, sex, race/ethnicity, and donation history to permit analysis of prevalence, incidence, and risk factors; identify recipients of retrovirus-positive units and follow-up these individuals; establish blood specimen repositories; and provide statistical and laboratory support for a longitudinal epidemiologic study of currently recognized human retroviruses in volunteer blood donors from different regions of the U.S.	20 18	18.1 18.2 18.7 20.3	18S 18R 20S	NIH/NHLBI	91	$1,000-$5,000		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Transfusion Safety Study: prospective study to evaluate the immunologic status of people who are heavily transfused; study populations include subjects with congenital hematologic diseases, including hemophilia, sickle cell disease, and thalassemia, patients who have received multiple transfusions, people who have received blood transfusions from donors who have been subsequently identified as having antibodies to HIV, and the donors of these units; the study populations also includes people who have received blood transfusions from donors subsequently identified as having antibodies to HTLV-I and the donors of these units.	20 18	18.1 18.7 20.3	18R 20R	NIH/NHLBI	91	See PA 18.		
NHLBI Research on Immunization and Infectious Diseases: research related to immunizations and infections that affect the cardiovascular, pulmonary, and hematologic systems.	20	20.1 20.3	20R	NIH/NHLBI	91	$1,000-$5,000		
Non-A, Non-B Prospective Study: five-year natural history study of chronic Non-A, Non-B post-transfusion hepatitis patients to attain clinical, biochemical, and histologic data.	20	20.3	20R	NIH/NHLBI	91	$500-$1,000		
Specialized Centers of Research (SCOR) in Transfusion Medicine: multi-disciplinary research centers to expedite the development and application of new knowledge essential for improved safety, efficacy, and availability of blood, blood components, blood derivatives, blood substitutes, and transplant materials.	20	20.3	20R	NIH/NHLBI	91	$1,000-$5,000		
Research into Infectious Diseases that Result in Arthritis: focus on the diagnosis, treatment, and prevention of Lyme Disease and other infectious diseases.	20 17		17R 20R	NIH/NIAID	91	$10,000-$50,000		
Children's Vaccine Initiative: development of a new children's vaccine that would be multivalent, easy-to-use and administer, and would provide life-long immunity to the major infectious diseases of childhood.	20	20.11	20R	NIH/NIAID	91	$1,000-$5,000		I C
Tuberculosis Elimination: research, diagnostics, and vaccine development with the goal of eliminating tuberculosis.	20	20.4	20R	NIH/NIAID	91	$1,000-$5,000		
Vaccine Research and Development: efforts to develop non-AIDS vaccines to protect against such diseases as viral hepatitis, Hemophilus influenza B, malaria, pertussis, and other childhood diseases.	20	20.1-20.3 20.6 20.11	20R	NIH/NIAID NIH/NICHD	91	$50,000-$100,000		I C
Lyme Disease: studies of the pathogenesis of Lyme disease and its complications, testing of preventive interventions, and clinical trials of therapies.	20 17		17R 20R	NIH/NIAMS	91	$1,000-$5,000		
Digestive Diseases and Nutrition Research: includes work on therapy for chronic hepatitis C, nutritional sciences, and understanding and preventing associated health risks.	20 2 15 17	2.3 15.10 17.12 20.3	2R 17R	NIH/NIDDK	91	See PA 17.		
Pertussis Vaccine Development: research on detoxified toxin for acellular whooping cough vaccine.	20		20R	NIH/NIDR	91	$100-$500		I

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Pneumonia Risk Factors: research on the risk for aspiration in elderly patients with dysphagia.	20	20.10	20R	NIH/NIDR	91	$100-$500		O
National Vaccine Program (NVP): coordinates and directs PHS immunization activities, including the Children's Vaccine Initiative (CVI), measles vaccine delivery, and the research and development of a new pertussis acellular vaccine.	20	20.11	20G	OASH/NVPO	91	$5,000-$10,000		I C O
Healthy People 2000 Coordination: PHS-wide coordination and staff support for Assistant Secretary for Health's review and oversight of PHS activities to achieve the Healthy People 2000 objectives.	20	20.1-20.19		OASH/ODPHP	91	<$100		
Other Federal Agencies with Programs for Immunization and Infectious Diseases: Department of Defense.	20				91			
Other Federal Agencies with Programs for Immunization and Infectious Diseases: Department of Health and Human Services.	20			HHS/ACF HHS/HCFA	91			
Other Federal Agencies with Programs for Immunization and Infectious Diseases: Department of Veterans Affairs.	20				91			

21. Clinical Preventive Services

Introduction

The *Healthy People 2000* Clinical Preventive Services objectives address improving access to and increasing the delivery of services. Clinical preventive services (CPS) are disease prevention and health promotion services such as immunizations, screening for early detection of disease or risk factors, and patient counseling that are delivered to individuals in a health-care setting. The *Healthy People 2000* CPS objectives target increases in the delivery of preventive services by identifying and addressing the barriers that impede use of these services. The overall goal is to increase the proportion of people who receive complete sets of essential clinical preventive services at recommended intervals, emphasizing the importance of a coordinated and comprehensive approach to preventive care.

Action Summary

The Health Resources and Services Administration (HRSA) and the Centers for Disease Control (CDC), through the National Center for Prevention Services, are co-Lead PHS Agencies in the effort to meet the Clinical Preventive Services objectives. In coordinating a broad range of activities and complex initiatives from the public and private sectors, HRSA and CDC have increased communication with participating organizations and created a two-tiered committee to guide implementation activities.

Within the committee, leadership will be provided by an Internal Work Group made up of representatives from Federal agencies, and an External Advisory Committee, composed of the U.S. Preventive Services Coordinating Committee (USPSCC). The members of the Internal Work Group are key Federal managers who coordinate and promote relevant agency programs, including clinicians to ensure input of the appropriate clinical perspective.

Convened in 1989, the USPSCC has been working to identify barriers to the implementation of the U.S. Preventive Services Task Force's recommended guidelines for the delivery of clinical preventive services. As the External Advisory Committee, USPSCC members represent a cross-section of concerned organizations, including State and county-level public sector agencies, private sector health-related groups, academic institutions, health professionals, and the insurance industry.

Internal Work Groups and the USPSCC will collaborate to review existing programs, develop new strategies, initiate partnerships with private and public organizations, identify and exchange information on successful programs, identify deficiencies and barriers within the health-care system, and recommend program modifications and funding needs.

Initiatives developed to strengthen the primary care delivery system will encourage comprehensive, coordinated systems of care that are cost-effective, culturally sensitive, and include referral and counseling services. Efforts will target changing less effective, fragmented health-care services sites into comprehensive care systems. Key elements for services planning include increasing early preventive care for children, enhancing prevention education, removing barriers to placement and retention of health providers in underserved areas, and improving use of primary care services.

Strategies to reduce financial barriers for both the provider and patient will be identified. Suggested initiatives include reducing the cost of delivering CPS by expanding insurance coverage to include CPS as a part of routine health care and by increasing the use of allied health professionals. Efforts will be made to enhance the desirability of quality CPS, such as fostering the creation of a clinical atmosphere in which providers are given enough time and staff to perform CPS on a regular basis.

In the belief that sound policy decisions are built upon accurate and timely data and outcomes information, projects that include program performance evaluation and outcomes measurements will be a priority. Of equal importance, developing baseline data sources, standards, and accurate data and information-gathering methodology will encourage the collection of viable data to support routine CPS as a long term and ultimately cost-effective health benefit.

Partnerships for Healthy People 2000

The PHS strategy to increase use of clinical preventive services is dependent upon expanding partnerships and collaborative efforts to bring together available resources to strengthen the public health delivery system in which these services are provided. Cooperative Agreements, Memoranda of Understanding, Intra-agency Agreements, and other partnership arrangements are proving to be flexible and creative tools to strengthen cooperative efforts. The ability to form innovative alliances and coordinate programmatic efforts becomes increasing relevant as the Public Health Service is charged with serving the growing number of individuals who do not have health insurance and fail to qualify for federally-supported health-care programs such as Medicaid and Medicare.

PHS is committed to developing initiatives that stimulate the enthusiastic involvement of other government organizations, private sector health-related organizations, philanthropic organizations, academic institutions, and nonprofit organizations. The External Advisory Committee brings to the planning process an impressive partnership of medical and public health professionals, allied health professionals, academic institutions dedicated to the health professions, public and private hospitals, public health officials from all levels of government, the health insurance industry, research institutions, and concerned business groups. PHS expects the clinical preventive services partnership effort to expand and grow in membership throughout the coming decade.

Priority Issues for Future Action

To achieve the Clinical Preventive Services objectives, PHS and its partners in support of this priority area will give particular attention to the following issues for future action:

- Inclusion of appropriate age- and gender-specific packages of clinical preventive services into government-sponsored and/or third-party insurance systems, with special attention to health-care reform measures.
- Implementation of proven clinical preventive services in the provision of health care through direct public health-care services.
- Education and provision of supporting tools for primary care health providers to facilitate their inclusion of appropriate clinical preventive services in their routine health-care practice.

For More Information . . .

Healthy People 2000 Clinical Preventive Services Coordinator
Health Resources and Services Administration
5600 Fishers Lane, Room 14-33
Rockville, MD 20857
(301) 443-2460

Healthy People 2000 Clinical Preventive Services Coordinator
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control
1600 Clifton Road, NE., Mailstop A-37
Atlanta, GA 30333
(404) 639-5401

Public Inquiries
Centers for Disease Control
Management Analysis and Service Office
1600 Clifton Road, NE., Mailstop D-25
Atlanta, GA 30333
(404) 639-3286

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Mental Health and Minority Groups: research and training at predominantly minority institutions, support of minority mental health research centers, research of differing clinical responses to psychoactive medications, the inclusion of minorities in research projects, and programs of intervention and support for minority mental health patients.	21 6	6.7 21.8		ADAMHA/NIMH	91	See PA 6.	B H	
American Indian Peoples Clinical Training: clinical training for American Indians in the mental health profession.	21 6	6.13 6.14 21.8		ADAMHA/NIMH	91	See PA 6.	I	
Pregnant and Postpartum Women and Their Infants Grant Program: focus on prevention and treatment for pregnant and postpartum women and their infants as well as young women of prechildbearing age; projects offer nutritional education and counseling, alcohol and other drug use prevention and treatment, comprehensive mental health and substance abuse services, HIV/AIDS education, counseling, testing, sexually transmitted disease prevention/treatment, and clinical preventive services.	21 2 4 6 18 19	2.10 2.11 6.1-6.9	4G 18G 19G 21G	ADAMHA/OSAP	91	See PA 4.		I C Y A
Clinical Preventive Services: testing and prophylactic medication and treatment for HIV, sexually transmitted diseases, tuberculosis, and hepatitis in community-based addiction treatment programs.	21 5 18 19	5.11 18.13 19.11 21.1 21.3 21.6		ADAMHA/OTI	91	$5,000-$10,000		
Assistance to Minority Health Students and Schools: health services research that addresses barriers to use, determinants of differential morbidity and mortality, institutional and programmatic influences, and cost-benefit / cost-effectiveness analysis of programs.	21	21.4 21.8		AHCPR	91	$5,000-$10,000	M	
Delivery of Health Care Services in Rural Areas: research on the major differences between health care resources in rural and urban areas, including the need for health care practitioners.	21	21.3	21R	AHCPR	91	$1,000-$5,000	R	
Delivery of Health Services/Rural Areas: research into the effect of nursing programs on the health outcomes of pregnant women, women of childbearing age, and their families, and on the elderly; particular emphasis is placed on ethnic groups in rural areas.	21	21.3	21R	AHCPR	91	$500-$1,000	R M	A O
Primary Care Research: research into patient concerns, practitioner concerns, the problem and the process of clinical care, as well as the influences of the larger contexts of social structure, community, and health care systems.	21		21R	AHCPR	91	$1,000-$5,000	L M D	
Training of Minority Researchers: special efforts will be made to assist Historically Black Colleges and Universities.	21	21.8	21P	AHCPR	91	$1,000-$5,000	B	

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F = Women
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Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Early Detection of Breast and Cervical Cancer: comprehensive screening programs that include elimination of financial barriers, education about routine screening, and assurance of quality of screening tests; efforts are directed toward targeted populations, including black and American Indian women; pap smears and mammograms (with follow-up) are provided to women.	21 16	16.11 16.12 21.2		CDC/NCCDPHP FDA/CDRH NIH/NCI	91	See PA 16.	F B I	A
National Vital Statistics System (NVSS): collection and publication of data on births, deaths, marriages, and divorces in the United States; followback and other surveys based on the NVSS will also provide information on progress toward the objectives.	21		1S 2S 3S 4S 5S 7S 8S 9S 13S 14S 15S 16S 17S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
National Health Interview Survey: collection and publication of survey data on personal and demographic characteristics, illnesses, injuries, impairments, chronic conditions, use of health resources, and other health topics.	21		1S 2S 3S 6S 8S 9S 13S 14S 15S 16S 17S 18S 20S 21S 22G	CDC/NCHS	91	See PA 22.	M B H A I	All
Implementation of Healthy Communities 2000: Model Standards: cooperative agreement with the American Public Health Association to support implementation of Model Standards.	21 8	8.14 21.3		CDC/PHPPO	91	See PA 8.		
Pacific Basin Initiatives: projects to improve health services and systems, particularly preventive health services, and to provide technical assistance in carrying out priority projects in the US Pacific Island Jurisdictions.	21	21.3		HRSA/BCHDA	91	$1,000-$5,000		
Access to Clinical Preventive and Primary Care Services: program to expand receipt of services such as screening, counseling, and immunization services, with particular emphasis on urban and rural underserved populations, will be a priority goal.	21	21.3 21.4 21.5 21.6		HRSA/BHCDA	91	$10,000-$50,000	L R M	
Community Health Centers: services to improve health care for the underserved and disadvantaged. (Figure shown is for all Community Health Centers)	21	21.2 21.5		HRSA/BHCDA	91	$50,000-$100,000	L M	
Health Care for the Homeless: primary health care services for homeless people; there are 109 grantees, including public and private nonprofit entities.	21	21.3-21.5		HRSA/BHCDA	91	$10,000-$50,000	L	
Health Services in Housing Project Clinics: cooperative effort with HUD and other Federal, State, or local organizations, to provide health services.	21	21.3		HRSA/BHCDA	91	$1,000-$5,000		
National Health Service Corps: places professional health personnel in primary health care systems for underserved communities and populations, including community and migrant health centers and health care to the homeless programs.	21	21.3	21P	HRSA/BHCDA	91	$1,000-$5,000	L	

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Native Hawaiian Health Care: provides comprehensive health promotion, disease prevention and primary care services to Native Hawaiians.	21	21.3		HRSA/BHCDA	91	$1,000-$5,000		
NHSC Recruitment Program: places practitioners in areas greatest need by service through Scholarship or Loan Repayment Programs (minimum length of service is two years).	21	21.3 21.8	21P	HRSA/BHCDA	91	$10,000-$50,000		
Nursing Loan Repayment: loans to nursing students to be repaid by health facilities in underserved areas in exchange for services upon graduation (minimum service of two years; funds are part of NHSC Recruitment Program described above).	21	21.3	21P	HRSA/BHCDA	91	$10,000-$50,000		
Migrant Health Centers: primary health care and coordination of Federal, State, and local resources to serve migrant and seasonal farm workers and their families.	21	21.3 21.5		HRSA/BHCDA	91	$10,000-$50,000	R	
Health Professions Training and Education: programs to strengthen and encourage training of nurses in community and school-based settings.	21 8		8P 21P	HRSA/BHPr	91	See PA 8.		C
Health Professionals Student Assistance Programs: loan and scholarship programs for individuals form under-represented racial/ethnic minority group or other disadvantaged backgrounds, including students with exceptional financial need.	21	21.8	21P	HRSA/BHPr	91	$10,000-$50,000	L M	
Health Professions Training and Education: programs to strengthen curriculum and increase the number of health professionals in the areas of prevention and primary care, particularly for medically underserved populations. These include Rural Interdisciplinary Training, Preventive Medicine Training, Public Health traineeships, and Nurse Practitioner/Midwifery Training.	21	21.3 21.8	21P	HRSA/BHPr	91	$10,000-$50,000		
Institutional Support for Minority Recruitment Initiatives: training and grant programs, including the Nursing Education Opportunities for Individuals from Disadvantaged Backgrounds, Centers for Excellence, Health Careers Opportunity Program, and Loan Repayment for Faculty Services.	21	21.8	21P	HRSA/BHPr	91	$10,000-$50,000	M H I	
Office of Rural Health Policy: coordinates public and private sector efforts nationwide to strengthen and improve the delivery of health services to people in rural areas.	21	21.3		HRSA/ORHP	91	$1,000-$5,000	R	
Health Services Outreach Grants: supports rural health outreach demonstration grants.	21	21.3		HRSA/ORHP	91	$10,000-$50,000	R	
Physician Training for Cessation Counseling: program to train 100,000 primary care providers in counseling smokers to promote smoking cessation.	21 3 16	3.16 16.1 16.2 16.10 21.2		NIH/NCI	91	See PA 3.		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Women and Cancer: research into special issues surrounding cancer prevention, early detection, treatment, and quality of life for women; development of programs sensitive to women's physiology and living patterns, including research on risks of exposure and responses to therapy experienced by women; promotion of state-of-the-art practices by health care providers in cancer prevention, control, diagnosis, treatment, and rehabilitation.	21 16	16.3 16.4 21.2	16R	NIH/NCI	91	See PA 16.	F L M D	A
Physician Training for Cessation Counseling: program to train 100,000 primary care providers in counseling smokers to promote smoking cessation.	21 3 16	3.16 16.1 16.2 16.10 21.2		NIH/NCI	91	See PA 3.		
Health Promotion and Disease Prevention in Women: research to address women's health concerns across the lifespan.	21	21.1		NIH/NCNR	91	$5,000-$10,000	F	Y A O
NHLBI Obesity Education Initiative: national collaborative effort to integrate and enhance educational activities concerning obesity; patient and professional educational material will be developed and disseminated through State health departments and other public and private agencies.	21 1 2 6 8 15	1.2 2.3 2.7 2.20 6.5 8.4 8.5 8.9 8.12 8.13 15.10 21.2 21.5 21.6 21.7		NIH/NHLBI	91	See PA 15.	F M	
NHLBI Minority Research Training and Career Development Programs: programs to encourage minority researchers and faculty to develop research skills in areas related to heart, lung, and blood diseases and transfusion medicine.	21 1 3 15 17 18	21.8	1P 3P 15P 17P 18P 21P	NIH/NHLBI	91	See PA 15.		
National High Blood Pressure Education Program: collaborative effort to reduce hypertension in high-risk groups through increased awareness of the value of maintaining proper weight, limiting intake of salt and alcohol, exercising, and following recommendations of physicians in complying with treatment regimens.	21 1 2 4 8 15	1.1-1.3 2.1 2.3 2.5 2.9 4.8 8.1 15.1 15.6-15.9 21.2 21.5 21.6		NIH/NHLBI	91	See PA 15.	M B	A
National Cholesterol Education Program: collaborative effort to encourage the public to have their blood cholesterol measured and to understand the connection between high blood cholesterol and cardiovascular disease. In addition, this program promotes a diet low in saturated fat, total fat, and cholesterol for all Americans over two years old.	21 1 2 8 15	2.1 2.3 2.5 2.9 8.1 15.1 15.6-15.9 21.2 21.5 21.6		NIH/NHLBI	91	See PA 15.		
APPLI—Assisting Primary-Care Providers with Lipid-Lowering Interventions: demonstration and education research to develop and evaluate primary care models for managing high blood cholesterol based on the guidelines for education, evaluation, and treatment released by the Adult Treatment Panel of the National Cholesterol Education Program.	21 2 8 15	2.1 2.5 2.21 8.1 15.1 15.6-15.8 15.15 21.1 21.5		NIH/NHLBI	91	See PA 15.		A

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
National Asthma Education Program: collaborative effort to increase awareness of asthma as a serious chronic disease, to ensure proper diagnosis of asthma, and to allow effective control of the disease by promoting a partnership between patients, physicians, and other health care professionals.	21 8 11 17	8.1 11.1 11.5 17.1 21.6	21P	NIH/NHLBI	91	See PA 11.	B H	
National Heart Attack Alert Program: collaborative effort to reduce premature morbidity and mortality from acute myocardial infarct (MI) and sudden death by increasing awareness and knowledge of the symptoms of MI, encouraging immediate action by those involved, and promoting immediate treatment by health care professionals.	21 8 15	8.1 8.8 8.10 15.1 15.12 21.2 21.5 21.6		NIH/NHLBI	91	See PA 15.		A O
NHLBI Research on Clinical Preventive Services: research to promote increased availability to the public of services and education that support cardiovascular, pulmonary, and hematologic health particularly in minority and low-income populations.	21	21.1 21.2 21.5 21.7	21R	NIH/NHLBI	91	$10,000-$50,000	L M	
Comprehensive Sickle Cell Centers Program: multi-disciplinary programs to conduct basic and clinical research, clinical trials and applications, training, education, and community service.	21 8 17	8.1 8.11 17.1 21.1		NIH/NHLBI	91	See PA 17.	B	I C Y
Clinical Preventive Services Research on Prevention: research on disease prevention and programs for minorities in biomedical research.	21		21R 21P	NIH/NIDDK	91	>$100,000	M	Y A
Oral Health Personnel: program to encourage the development of research skills.	21 13	21.8	13P	NIH/NIDR	91	See PA 13.	M	A
Clinical Preventive Services: promotes implementation of scientifically proven clinical preventive services and supports the US Preventive Services Coordinating Committee; clinical practice guidelines were reviewed by the Expert Panel on Preventive Services.	21	21.2-21.6		OASH/ODPHP	91	$500-$1,000		
Expert Panel on Preventive Services (EPPS): an ongoing initiative to update and expand recommendations of the Guide to Clinical Preventive Services.	21		21R	OASH/ODPHP	91	$100-$500		
Put Prevention into Practice: development of a kit of materials to support primary health care providers, office staff, and patients to accomplish the clinical preventive service objectives of Healthy People 2000.	21	21.2		OASH/ODPHP	91	$100-$500		
Healthy People 2000 Coordination: PHS-wide coordination and staff support for Assistant Secretary for Health's review and oversight of PHS activities to achieve the Healthy People 2000 objectives.	21	21.1-21.8		OASH/ODPHP	91	<$100		
Disadvantaged Minority Health Improvement Act: funds bilingual health care services.	21	21.3		OASH/OMH	91	$500-$1,000	M H A I	
Other Federal Agencies with Programs for Clinical Preventive Services: Department of Defense.	21				91			

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Other Federal Agencies with Programs for Clinical Preventive Services: Department of Health and Human Services.	21			HHS/ACF HHS/HCFA	91			
Other Federal Agencies with Programs for Clinical Preventive Services: Department of Veterans Affairs.	21				91			

22. Surveillance and Data Systems

Introduction

Public health surveillance is the systematic collection, analysis, interpretation, dissemination, and use of health information. Achievement of the Surveillance and Data Systems objectives will improve the coverage, detail, and utility of public health data systems, provide timely and complete monitoring of the programmatic objectives, and guide public health into the 21st century.

Action Summary

The Centers for Disease Control (CDC), through the National Center for Health Statistics, is the Lead PHS Agency for efforts to achieve the *Healthy People 2000* Surveillance and Data Systems objectives. It is the task of the Lead Agency to ensure that information on morbidity, mortality, risk factor data, preventive and treatment services, and cost for all of the priority areas in the *Healthy People 2000* objectives is available.

Health information is used to understand the health status of the population and to plan, implement, describe, and evaluate public health programs that control and prevent adverse health events. Data must be accurate, timely, and available in a usable form to allow the Public Health Service to successfully track the status of the objectives. To do so, CDC will:

- Collect data directly and compile data collected by other agencies;
- Analyze and disseminate health information about progress toward the objectives at the national, regional, State, and local levels;
- Provide data to other Federal, State, and local agencies for further analysis and use;
- Help State and local agencies conduct public health surveillance and evaluating data by providing standards, definition, methods, computer software, training, and coordination; and
- Coordinate a network of Federal, State, and local public health surveillance for diseases of public health importance.

Partnerships for Healthy People 2000

To achieve the Surveillance and Data Systems objectives, PHS will work closely with its Healthy People 2000 partners. Close coordination and cooperation are integral to assuring the availability of data to track the objectives.

Over the past year, PHS has worked with representatives of major public health organizations (e.g., the Association of State and Territorial Health Officials, the National Association of County Health Officials, the U.S. Conference of Local Health Officers, the American Public Health Association, the Public Health Foundation, and others) to establish a set of health status indicators (Objective 22.1) for use at all levels of government. These relationships will be continued. A consensus process, similar to that used for Objective 22.1, will be implemented to address concerns regarding uniform data sets and comparable data collection methods (Objective 22.3). Involvement of the public health community, and especially State and local health departments, is essential to this task.

The National Committee on Vital and Health Statistics has expressed an interest in assuring the availability of data to monitor progress toward the objectives. CDC will work the Committee as it develops recommendations on needed activities to identify data gaps and insure that needed data is collected and compiled.

In addition to PHS, several private organizations (e.g., the Robert Wood Johnson Foundation) are currently pursuing projects to assist State and local health agencies meet their year 2000 data needs. CDC will coordinate its State assistance program with these organizations to attempt to

make the programs complementary, so that the potential benefit to States and localities is maximized.

Priority Issues for Future Action

To achieve the Surveillance and Data Systems objectives, PHS and its partners in support of this priority area will give particular emphasis to the following issues for future action:

- Work with other PHS agencies, the States, local health departments, and others to ensure that knowledge of existing data is widespread; focus on coordination and better use of existing data.
- Dissemination of data to other Federal agencies, the States, and local government.
- Give particular emphasis to developing, improving, and disseminating data for racial and ethnic minorities, people with disabilities, and disadvantaged populations, especially people with low income.

For More Information . . .

Healthy People 2000 Surveillance Coordinator
National Center for Health Statistics
Centers for Disease Control
6525 Belcrest Road, Room 630
Hyattsville, MD 20782
(301) 436-3548

Public Inquiries
Centers for Disease Control
Management Analysis and Service Office
1600 Clifton Road, NE.
Atlanta, GA 30333
(404) 639-3286

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Surveillance and Data Systems: stimulate the development and improvement of national, State, and local data systems to track the Healthy People 2000 Mental Health objectives; data systems should be in place at the national level for all objectives by 1995.	22	22.1 22.7		ADAMHA/NIMH	91	$1,000-$5,000		
Data Development: assessment of the potential knowledge gains from adoption of uniform data guidelines and from linking major data bases or their components through uniform definitions of data and common reporting formats and linkages.	22	22.3	22R	AHCPR	91	$10,000-$50,000		
Surveillance and Data Systems: development of a set of health status indicators to monitor progress at the Federal, State, and local levels, and to improve statistics on race, ethnic populations, and income level.	22	22.1		CDC	91	$100-$500	L M	
Epidemiologic Investigations and Training: trains epidemiologist, performs field investigations, and implements control and preventive measures of public health concern.	22		22P	CDC/EPO	91	$10,000-$50,000		
Evaluation of State Activities: data collection will be improved through automation and application of new technologies to assess health status and monitor progress in achieving the year 2000 objectives.	22	22.6		CDC/IRMO	991	>$100		
Annual publication of official tracking data and related information in Health United States.	22	All		CDC/NCHS	91	$100-$500	All	All
National Vital Statistics System (NVSS): collection and publication of data on births, deaths, marriages, and divorces in the United States; followback and other surveys based on the NVSS will also provide information on progress toward the objectives.	22		1S 2S 3S 4S 5S 7S 8S 9S 13S 14S 15S 16S 17S 21S 22G	CDC/NCHS	91	$10,000-$50,000	M B H A I	All
National Health and Nutrition Examination Survey: collection and publication of data on the nutritional and medical status of the United States noninstitutionalized population.	22		1S 2S 3S 11S 13S 15S 16S 17S 22G	CDC/NCHS	91	$10,000-$50,000	M B H A I	All

Related Issue Codes:
R=Research
S=Surveillance
P=Personnel
G=General

Special Population Codes:
B = Blacks
H = Hispanics
A = Asians/Pacific Islanders
I = American Indians
M = Minorities
L = People with Low Incomes
F = Women
D = People with Disabilities
R = Rural or Migrant Farm Workers

Age Group Codes:
I = Infants
C = Children
Y = Adolescents/Young Adults
A = Adults
O = Older Adults

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
National Health Interview Survey: collection and publication of survey data on personal and demographic characteristics, illnesses, injuries, impairments, chronic conditions, use of health resources, and other health topics.	22		1S 2S 3S 6S 8S 9S 13S 14S 15S 16S 17S 18S 20S 21S 22G	CDC/NCHS	91	$10,000-$50,000	M B H A I	All
Oral Health Surveillance: provide technical assistance in the collection and analysis of oral health status in States and communities.	22 13	22.1	13S	CDC/NCPS	91	See PA 13.		
Analytic Studies and Health Professions Information: maintenance of data systems and reporting capability on the distribution of health professional and other health care indicators.	22	22.2		HRSA/BHPr	91	$1,000-$5,000		
Minority Health Education Data Collection: cooperative effort between HRSA and NCHS to obtain data on ethnic and racial populations from a statistically valid sample.	22	22.4		HRSA/BHPr	91	$500-$1,000	M	
National Practitioner Data Bank: to maintain information about licensure and malpractice insurance claims for physicians and dentists, to help assure the quality of health care services provided (appropriated funds, not user fees).	22	22.2		HRSA/BHPr	91	$1,000-$5,000		
Maternal and Child Health Block Grant: funds to assist in setting up data and information gathering systems.	22	22G		HRSA/BHPr	91	$500-$1,000		
National Marrow Donor Program: expansion of the unrelated marrow donor registry to more than 250,000 donors; coordination of the activities of marrow donor centers, marrow collection centers, and marrow transplant centers and facilitating marrow transplantation from unrelated donors; performing certain quality assurance and research activities to improve the capabilities of the program to provide marrow donors; and providing a resource for fundamental research on the immunology of marrow transplantation.	22 16	16.1 22.6 22.4	16S	NIH/NHLBI	91	See PA 16.		
NHLBI Programs Related to Surveillance and Data Systems: studies to assess the cardiovascular, pulmonary, and hematologic health status of the population; maintenance of national data sources for disease prevention and health promotion, with special emphasis on minority populations and women.	22	22.2 22.7		NIH/NHLBI	91	$5,000-$10,000	F M	
WHO MONICA Project Management Center: program to provide NHLBI with information from the WHO MONICA (Multinational Monitoring of Trends and Determinants in Cardiovascular Disease) project; foster collaboration between MONICA and NHLBI's Study of Atherosclerosis Risk in Communities (ARIC) and to enhance international comparisons of trends and determinants of cardiovascular mortality, morbidity, risk factors and medical care.	22	22.2		NIH/NHLBI	91	<$100		

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Child and Adolescent Trial for Cardiovascular Health: research project to measure effectiveness of school-based risk reduction interventions involving three components: cardiovascular curriculum, parent participation, and environmental changes in the school.	22 1 2 4 8 15	1.1-1.6 1.9 2.7 3.5 3.8 8.4 15.1 15.2	1R 2R 3R 4R 8R 15R	NIH/NHLBI	91	See PA 15.	B H	C Y
National Longitudinal Mortality Study: prospective mortality study using census sample mortality data matched with the National Death Index; includes one million names coded by occupational category.	22	22.2		NIH/NHLBI CDC/NCHS Commerce/ Census Bureau	91	$100-$500		
Surveillance and Data Systems: periodic analysis and publication of data on chronic conditions (with particular emphasis on minority populations), including diabetes.	22 17	22.5	17S	NIH/NIDDK	91	$10,000-$50,000	M	
Epidemiological Methods Development and Analysis: development of improved methods for oral health data collection and analysis for cross-sectional and longitudinal studies, as well as improved distribution of data.	22 13	22.1 22.4 22.7	13S	NIH/NIDR	91	$1,000-$5,000		
Healthy People 2000 Coordination: PHS-wide coordination and staff support for Assistant Secretary for Health's review and oversight of PHS activities to achieve the Healthy People 2000 objectives.	22	22.1-22.7		OASH/ODPHP	91	<$100		
Family Planning Research: research to improve the delivery of services in family planning clinics and support the National Survey of Family Growth, which provides data on sexual activity, contraceptive behavior, and childbearing.	22 5 14 18 19		5S 5R 14S 18S 18R 19S 19R 22S	OASH/OPA	91	See PA 5.		Y A
Other Federal Agencies with Programs for Surveillance and Data Systems: Department of Agriculture.	22				91			
Other Federal Agencies with Programs for Surveillance and Data Systems: Department of Commerce.	22				91			
Other Federal Agencies with Programs for Surveillance and Data Systems: Department of Defense.	22				91			
Other Federal Agencies with Programs for Surveillance and Data Systems: Department of Education.	22				91			
Other Federal Agencies with Programs for Surveillance and Data Systems: Department of Health and Human Services.	22			HHS/ACF HHS/HCFA HHS/SSA	91			
Other Federal Agencies with Programs for Surveillance and Data Systems: Department of Justice.	22				91			
Other Federal Agencies with Programs for Surveillance and Data Systems: Department of Labor.	22				91			

Activity	Priority Area(s)	Relevant Objective(s)	Related Issues	Agency/ Subagency	Fiscal Year	Resources ($000)	Special Populations	Age Groups
Other Federal Agencies with Programs for Surveillance and Data Systems: Department of Transportation.	22				91			
Other Federal Agencies with Programs for Surveillance and Data Systems: Environmental Protection Agency.	22				91			

Appendix

Healthy People 2000 Objectives

Healthy People 2000 Objectives

Duplicate objectives, which appear in two or more priority areas, are marked with an asterisk (*).

Except as otherwise noted, all rates in the following objectives are annual. Where the baseline rate is age adjusted, it is age adjusted to the 1940 U.S. population, and the target is age adjusted also.

1. Physical Activity And Fitness

Health Status Objectives

1.1* Reduce coronary heart disease deaths to no more than 100 per 100,000 people. (Age-adjusted baseline: 135 per 100,000 in 1987)

		Special Population Target	
	Coronary Deaths (per 100,000)	*1987 Baseline*	*2000 Target*
1.1a	Blacks	163	115

1.2* Reduce overweight to a prevalence of no more than 20 percent among people aged 20 and older and no more than 15 percent among adolescents aged 12 through 19. (Baseline: 26 percent for people aged 20 through 74 in 1976-80, 24 percent for men and 27 percent for women; 15 percent for adolescents aged 12 through 19 in 1976-80)

		Special Population Targets	
	Overweight Prevalence	*1976-80 Baseline*[†]	*2000 Target*
1.2a	Low-income women aged 20 and older	37%	25%
1.2b	Black women aged 20 and older	44%	30%
1.2c	Hispanic women aged 20 and older		25%
	Mexican-American women	39%[‡]	
	Cuban women	34%[‡]	
	Puerto Rican women	37%[‡]	
1.2d	American Indians/Alaska Natives	29-75%[§]	30%
1.2e	People with disabilities	36%[+]	25%
1.2f	Women with high blood pressure	50%	41%
1.2g	Men with high blood pressure	39%	35%

[†]*Baseline for people aged 20-74* [‡]*1982-84 baseline for Hispanics aged 20-74*

[§]*1984-88 estimates for different tribes* [+]*1985 baseline for people aged 20-74 who report any limitation in activity due to chronic conditions*

Note: For people aged 20 and older, overweight is defined as body mass index (BMI) equal to or greater than 27.8 for men and 27.3 for women. For adolescents, overweight is defined as BMI equal to or greater than 23.0 for males aged 12 through 14, 24.3 for males aged 15 through 17, 25.8 for males aged 18 through 19, 23.4 for females aged 12 through 14, 24.8 for females aged 15 through 17, and 25.7 for females aged 18 through 19. The values for adolescents are the age- and gender-specific 85th percentile values of the 1976-80 National Health and Nutrition Examination Survey (NHANES II), corrected for sample variation. BMI is calculated by dividing weight in kilograms by the square of height in meters. The cut points used to define overweight approximate the 120 percent of desirable body weight definition used in the 1990 objectives.

Risk Reduction Objectives

1.3* Increase to at least 30 percent the proportion of people aged 6 and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day. (Baseline: 22 percent of people aged 18 and older were active for at least 30 minutes 5 or more times per week and 12 percent were active 7 or more times per week in 1985)

Note: Light to moderate physical activity requires sustained, rhythmic muscular movements, is at least equivalent to sustained walking, and is performed at less than 60 percent of maximum heart rate for age. Maximum heart rate equals roughly 220 beats per minute minus age. Examples may include walking, swimming, cycling, dancing, gardening and yardwork, various domestic and occupational activities, and games and other childhood pursuits.

1.4 Increase to at least 20 percent the proportion of people aged 18 and older and to at least 75 percent the proportion of children and adolescents aged 6 through 17 who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion. (Baseline: 12 percent for people aged 18 and older in 1985; 66 percent for youth aged 10 through 17 in 1984)

		Special Population Target	
	Vigorous Physical Activity	*1985 Baseline*	*2000 Target*
1.4a	Lower-income people aged 18 and older (annual family income <$20,000)	7%	12%

Note: Vigorous physical activities are rhythmic, repetitive physical activities that use large muscle groups at 60 percent or more of maximum heart rate for age. An exercise heart rate of 60 percent of maximum heart rate for age is about 50 percent of maximal cardiorespiratory capacity and is sufficient for cardiorespiratory conditioning. Maximum heart rate equals roughly 220 beats per minute minus age.

1.5 Reduce to no more than 15 percent the proportion of people aged 6 and older who engage in no leisure-time physical activity. (Baseline: 24 percent for people aged 18 and older in 1985)

		Special Population Targets	
	No Leisure-Time Physical Activity	*1985 Baseline*	*2000 Target*
1.5a	People aged 65 and older	43%	22%
1.5b	People with disabilities	35%†	20%
1.5c	Lower-income people (annual family income <$20,000)	32%†	17%

†*Baseline for people aged 18 and older*

Note: For this objective, people with disabilities are people who report any limitation in activity due to chronic conditions.

1.6 Increase to at least 40 percent the proportion of people aged 6 and older who regularly perform physical activities that enhance and maintain muscular strength, muscular endurance, and flexibility. (Baseline data available in 1991)

1.7* Increase to at least 50 percent the proportion of overweight people aged 12 and older who have adopted sound dietary practices combined with regular physical activity to attain an appropriate body weight. (Baseline: 30 percent of overweight women and 25 percent of overweight men for people aged 18 and older in 1985)

Services and Protection Objectives

1.8 Increase to at least 50 percent the proportion of children and adolescents in 1st through 12th grade who participate in daily school physical education. (Baseline: 36 percent in 1984-86)

1.9 Increase to at least 50 percent the proportion of school physical education class time that students spend being physically active, preferably engaged in lifetime physical activities. (Baseline: Students spent an estimated 27 percent of class time being physically active in 1983)

Note: Lifetime activities are activities that may be readily carried into adulthood because they generally need only one or two people. Examples include swimming, bicycling, jogging, and racquet sports. Also counted as lifetime activities are vigorous social activities such as dancing. Competitive group sports and activities typically played only by young children such as group games are excluded.

1.10 Increase the proportion of worksites offering employer-sponsored physical activity and fitness programs as follows:

Worksite Size	*1985 Baseline*	*2000 Target*
50-99 employees	14%	20%
100-249 employees	23%	35%
250-749 employees	32%	50%
≥750 employees	54%	80%

1.11 Increase community availability and accessibility of physical activity and fitness facilities as follows:

Facility	*1986 Baseline*	*2000 Target*
Hiking, biking, and fitness trail miles	1 per 71,000 people	1 per 10,000 people
Public swimming pools	1 per 53,000 people	1 per 25,000 people
Acres of park and recreation open space	1.8 per 1,000 people (553 people per managed acre)	4 per 1,000 people (250 people per managed acre)

1.12 Increase to at least 50 percent the proportion of primary care providers who routinely assess and counsel their patients regarding the frequency, duration, type, and intensity of each patient's physical activity practices. (Baseline: Physicians provided exercise counseling for about 30 percent of sedentary patients in 1988)

2. Nutrition

Health Status Objectives

2.1* Reduce coronary heart disease deaths to no more than 100 per 100,000 people. (Age-adjusted baseline: 135 per 100,000 in 1987)

Special Population Target

	Coronary Deaths (per 100,000)	*1987 Baseline*	*2000 Target*
2.1a	Blacks	163	115

2.2* Reverse the rise in cancer deaths to achieve a rate of no more than 130 per 100,000 people. (Age-adjusted baseline: 133 per 100,000 in 1987)

Note: In its publications, the National Cancer Institute age adjusts cancer death rates to the 1970 U.S. population. Using the 1970 standard, the equivalent baseline and target values for this objective would be 171 and 175 per 100,000, respectively.

2.3* Reduce overweight to a prevalence of no more than 20 percent among people aged 20 and older and no more than 15 percent among adolescents aged 12 through 19. (Baseline: 26 percent for people aged 20 through 74 in 1976-80, 24 percent for men and 27 percent for women; 15 percent for adolescents aged 12 through 19 in 1976-80)

Special Population Targets

	Overweight Prevalence	*1976-80 Baseline*[†]	*2000 Target*
2.3a	Low-income women aged 20 and older	37%	25%
2.3b	Black women aged 20 and older	44%	30%
2.3c	Hispanic women aged 20 and older		25%
	Mexican-American women	39%[‡]	
	Cuban women	34%[‡]	
	Puerto Rican women	37%[‡]	
2.3d	American Indians/Alaska Natives	29-75%[§]	30%
2.3e	People with disabilities	36%[+]	25%
2.3f	Women with high blood pressure	50%	41%
2.3g	Men with high blood pressure	39%	35%

[†]*Baseline for people aged 20-74* [‡]*1982-84 baseline for Hispanics aged 20-74*

[§]*1984-88 estimates for different tribes* [+]*1985 baseline for people aged 20-74 who report any limitation in activity due to chronic conditions*

Note: For people aged 20 and older, overweight is defined as body mass index (BMI) equal to or greater than 27.8 for men and 27.3 for women. For adolescents, overweight is defined as BMI equal to or greater than 23.0 for males aged 12 through 14, 24.3 for males aged 15 through 17, 25.8 for males aged 18 through 19, 23.4 for females aged 12 through 14, 24.8 for females aged 15 through 17, and 25.7 for females aged 18 through 19. The values for adolescents are the age- and gender-specific 85th percentile values of the 1976-80 National Health and Nutrition Examination Survey (NHANES II), corrected for sample variation. BMI is calculated by dividing weight in kilograms by the square of height in meters. The cut points used to define overweight approximate the 120 percent of desirable body weight definition used in the 1990 objectives.

2.4 Reduce growth retardation among low-income children aged 5 and younger to less than 10 percent. (Baseline: Up to 16 percent among low-income children in 1988, depending on age and race/ethnicity)

Special Population Targets

	Prevalence of Short Stature	*1988 Baseline*	*2000 Target*
2.4a	Low-income black children <age 1	15%	10%
2.4b	Low-income Hispanic children <age 1	13%	10%
2.4c	Low-income Hispanic children aged 1	16%	10%
2.4d	Low-income Asian/Pacific Islander children aged 1	14%	10%
2.4e	Low-income Asian/Pacific Islander children aged 2-4	16%	10%

Note: Growth retardation is defined as height-for-age below the fifth percentile of children in the National Center for Health Statistics' reference population.

Risk Reduction Objectives

2.5* Reduce dietary fat intake to an average of 30 percent of calories or less and average saturated fat intake to less than 10 percent of calories among people aged 2 and older. (Baseline: 36 percent of calories from total fat and 13 percent from saturated fat for people aged 20 through 74 in 1976-80; 36 percent and 13 percent for women aged 19 through 50 in 1985)

2.6* Increase complex carbohydrate and fiber-containing foods in the diets of adults to 5 or more daily servings for vegetables (including legumes) and fruits, and to 6 or more daily servings for grain products. (Baseline: 2½ servings of vegetables and fruits and 3 servings of grain products for women aged 19 through 50 in 1985)

2.7* Increase to at least 50 percent the proportion of overweight people aged 12 and older who have adopted sound dietary practices combined with regular physical activity to attain an appropriate body weight. (Baseline: 30 percent of overweight women and 25 percent of overweight men for people aged 18 and older in 1985)

2.8 Increase calcium intake so at least 50 percent of youth aged 12 through 24 and 50 percent of pregnant and lactating women consume 3 or more servings daily of foods rich in calcium, and at least 50 percent of people aged 25 and older consume 2 or more servings daily. (Baseline: 7 percent of women and 14 percent of men aged 19 though 24 and 24 percent of pregnant and lactating women consumed 3 or more servings, and 15 percent of women and 23 percent of men aged 25 through 50 consumed 2 or more servings in 1985-86)

Note: The number of servings of foods rich in calcium is based on milk and milk products. A serving is considered to be 1 cup of skim milk or its equivalent in calcium (302 mg). The number of servings in this objective will generally provide approximately three-fourths of the 1989 Recommended Dietary Allowance (RDA) of calcium. The RDA is 1200 mg for people aged 12 through 24, 800 mg for people aged 25 and older, and 1200 mg for pregnant and lactating women.

2.9 Decrease salt and sodium intake so at least 65 percent of home meal preparers prepare foods without adding salt, at least 80 percent of people avoid using salt at the table, and at least 40 percent of adults regularly purchase foods modified or lower in sodium. (Baseline: 54 percent of women aged 19 through 50 who served as the main meal preparer did not use salt in food preparation, and 68 percent of women aged 19 through 50 did not use salt at the table in 1985; 20 percent of all people aged 18 and older regularly purchased foods with reduced salt and sodium content in 1988)

2.10 Reduce iron deficiency to less than 3 percent among children aged 1 through 4 and among women of childbearing age. (Baseline: 9 percent for children aged 1 through 2, 4 percent for children aged 3 through 4, and 5 percent for women aged 20 through 44 in 1976-80)

Special Population Targets

	Iron Deficiency Prevalence	*1976-80 Baseline*	*2000 Target*
2.10a	Low-income children aged 1-2	21%	10%
2.10b	Low-income children aged 3-4	10%	5%
2.10c	Low-income women of childbearing age	8%†	4%
	Anemia Prevalence	*1983-85 Baseline*	*2000 Target*
2.10d	Alaska Native children aged 1-5	22-28%	10%
2.10e	Black, low-income pregnant women (third trimester)	41%*	20%

†*Baseline for women aged 20-44* **1988 baseline for women aged 15-44*

Note: Iron deficiency is defined as having abnormal results for 2 or more of the following tests: mean corpuscular volume, erythrocyte protoporphyrin, and transferrin saturation. Anemia is used as an index of iron deficiency. Anemia among Alaska Native children was defined as hemoglobin <11 gm/dL or hematocrit <34 percent. For pregnant women in the third trimester, anemia was defined according to CDC criteria. The above prevalences of iron deficiency and anemia may be due to inadequate dietary iron intakes or to inflammatory conditions and infections. For anemia, genetics may also be a factor.

2.11* Increase to at least 75 percent the proportion of mothers who breastfeed their babies in the early postpartum period and to at least 50 percent the proportion who continue breastfeeding until their babies are 5 to 6 months old. (Baseline: 54 percent at discharge from birth site and 21 percent at 5 to 6 months in 1988)

Special Population Targets

	Mothers Breastfeeding Their Babies:	*1988 Baseline*	*2000 Target*
	During Early Postpartum Period—		
2.11a	Low-income mothers	32%	75%
2.11b	Black mothers	25%	75%
2.11c	Hispanic mothers	51%	75%
2.11d	American Indian/Alaska Native mothers	47%	75%
	At Age 5-6 Months—		
2.11a	Low-income mothers	9%	50%
2.11b	Black mothers	8%	50%
2.11c	Hispanic mothers	16%	50%
2.11d	American Indian/Alaska Native mothers	28%	50%

2.12* Increase to at least 75 percent the proportion of parents and caregivers who use feeding practices that prevent baby bottle tooth decay. (Baseline data available in 1991)

Special Population Targets

	Appropriate Feeding Practices	*Baseline*	*2000 Target*
2.12a	Parents and caregivers with less than high school education	—	65%
2.12b	American Indian/Alaska Native parents and caregivers	—	65%

2.13 Increase to at least 85 percent the proportion of people aged 18 and older who use food labels to make nutritious food selections. (Baseline: 74 percent used labels to make food selections in 1988)

Services and Protection Objectives

2.14 Achieve useful and informative nutrition labeling for virtually all processed foods and at least 40 percent of fresh meats, poultry, fish, fruits, vegetables, baked goods, and ready-to-eat carry-away foods. (Baseline: 60 percent of sales of processed foods regulated by FDA had nutrition labeling in 1988; baseline data on fresh and carry-away foods unavailable)

2.15 Increase to at least 5,000 brand items the availability of processed food products that are reduced in fat and saturated fat. (Baseline: 2,500 items reduced in fat in 1986)

Note: A brand item is defined as a particular flavor and/or size of a specific brand and is typically the consumer unit of purchase.

2.16 Increase to at least 90 percent the proportion of restaurants and institutional food service operations that offer identifiable low-fat, low-calorie food choices, consistent with the *Dietary Guidelines for Americans*. (Baseline: About 70 percent of fast food and family restaurant chains with 350 or more units had at least one low-fat, low-calorie item on their menu in 1989)

2.17 Increase to at least 90 percent the proportion of school lunch and breakfast services and child care food services with menus that are consistent with the nutrition principles in the *Dietary Guidelines for Americans*. (Baseline data available in 1993)

2.18 Increase to at least 80 percent the receipt of home food services by people aged 65 and older who have difficulty in preparing their own meals or are otherwise in need of home-delivered meals. (Baseline data available in 1991)

2.19 Increase to at least 75 percent the proportion of the Nation's schools that provide nutrition education from preschool through 12th grade, preferably as part of quality school health education. (Baseline data available in 1991)

2.20 Increase to at least 50 percent the proportion of worksites with 50 or more employees that offer nutrition education and/or weight management programs for employees. (Baseline: 17 percent offered nutrition education activities and 15 percent offered weight control activities in 1985)

2.21 Increase to at least 75 percent the proportion of primary care providers who provide nutrition assessment and counseling and/or referral to qualified nutritionists or dietitians. (Baseline: Physicians provided diet counseling for an estimated 40 to 50 percent of patients in 1988)

3. Tobacco

Health Status Objectives

3.1* Reduce coronary heart disease deaths to no more than 100 per 100,000 people. (Age-adjusted baseline: 135 per 100,000 in 1987)

		Special Population Target	
	Coronary Deaths (per 100,000)	*1987 Baseline*	*2000 Target*
3.1a	Blacks	163	115

3.2* Slow the rise in lung cancer deaths to achieve a rate of no more than 42 per 100,000 people. (Age-adjusted baseline: 37.9 per 100,000 in 1987)

Note: In its publications, the National Cancer Institute age adjusts cancer death rates to the 1970 U.S. population. Using the 1970 standard, the equivalent baseline and target values for this objective would be 47.9 and 53 per 100,000, respectively.

3.3 Slow the rise in deaths from chronic obstructive pulmonary disease to achieve a rate of no more than 25 per 100,000 people. (Age-adjusted baseline: 18.7 per 100,000 in 1987)

Note: Deaths from chronic obstructive pulmonary disease include deaths due to chronic bronchitis, emphysema, asthma, and other chronic obstructive pulmonary diseases and allied conditions.

Risk Reduction Objectives

3.4* Reduce cigarette smoking to a prevalence of no more than 15 percent among people aged 20 and older. (Baseline: 29 percent in 1987, 32 percent for men and 27 percent for women)

		Special Population Targets	
	Cigarette Smoking Prevalence	*1987 Baseline*	*2000 Target*
3.4a	People with a high school education or less aged 20 and older	34%	20%
3.4b	Blue-collar workers aged 20 and older	36%	20%
3.4c	Military personnel	42%†	20%
3.4d	Blacks aged 20 and older	34%	18%
3.4e	Hispanics aged 20 and older	33%‡	18%
3.4f	American Indians/Alaska Natives	42-70%§	20%
3.4g	Southeast Asian men	55%+	20%
3.4h	Women of reproductive age	29%††	12%
3.4i	Pregnant women	25%‡‡	10%
3.4j	Women who use oral contraceptives	36%§§	10%

†*1988 baseline* ‡*1982-84 baseline for Hispanics aged 20-74* §*1979-87 estimates for different tribes*
+*1984-88 baseline* ††*Baseline for women aged 18-44* ‡‡*1985 baseline* §§*1983 baseline*

Note: A cigarette smoker is a person who has smoked at least 100 cigarettes and currently smokes cigarettes.

3.5 Reduce the initiation of cigarette smoking by children and youth so that no more than 15 percent have become regular cigarette smokers by age 20. (Baseline: 30 percent of youth had become regular cigarette smokers by ages 20 through 24 in 1987)

		Special Population Target	
	Initiation of Smoking	*1987 Baseline*	*2000 Target*
3.5a	Lower socioeconomic status youth†	40%	18%

†*As measured by people aged 20-24 with a high school education or less*

3.6 Increase to at least 50 percent the proportion of cigarette smokers aged 18 and older who stopped smoking cigarettes for at least one day during the preceding year. (Baseline: In 1986, 34 percent of people who smoked in the preceding year stopped for at least one day during that year)

3.7 Increase smoking cessation during pregnancy so that at least 60 percent of women who are cigarette smokers at the time they become pregnant quit smoking early in pregnancy and maintain abstinence for the remainder of their pregnancy. (Baseline: 39 percent of white women aged 20 through 44 quit at any time during pregnancy in 1985)

		Special Population Target	
	Cessation and Abstinence During Pregnancy	*1985 Baseline*	*2000 Target*
3.7a	Women with less than a high school education	28%†	45%

†*Baseline for white women aged 20-44*

3.8 Reduce to no more than 20 percent the proportion of children aged 6 and younger who are regularly exposed to tobacco smoke at home. (Baseline: More than 39 percent in 1986, as 39 percent of households with one or more children aged 6 or younger had a cigarette smoker in the household)

Note: Regular exposure to tobacco smoke at home is defined as the occurrence of tobacco smoking anywhere in the home on more than 3 days each week.

3.9 Reduce smokeless tobacco use by males aged 12 through 24 to a prevalence of no more than 4 percent. (Baseline: 6.6 percent among males aged 12 through 17 in 1988; 8.9 percent among males aged 18 through 24 in 1987)

		Special Population Target	
	Smokeless Tobacco Use	*1986-87 Baseline*	*2000 Target*
3.9a	American Indian/Alaska Native youth	18-64%	10%

Note: For males aged 12 through 17, a smokeless tobacco user is someone who has used snuff or chewing tobacco in the preceding month. For males aged 18 through 24, a smokeless tobacco user is someone who has used either snuff or chewing tobacco at least 20 times and who currently uses snuff or chewing tobacco.

Services and Protection Objectives

3.10 Establish tobacco-free environments and include tobacco use prevention in the curricula of all elementary, middle, and secondary schools, preferably as part of quality school health education. (Baseline: 17 percent of school districts totally banned smoking on school premises or at school functions in 1988; antismoking education was provided by 78 percent of school districts at the high school level, 81 percent at the middle school level, and 75 percent at the elementary school level in 1988)

3.11 Increase to at least 75 percent the proportion of worksites with a formal smoking policy that prohibits or severely restricts smoking at the workplace. (Baseline: 27 percent of worksites with 50 or more employees in 1985; 54 percent of medium and large companies in 1987)

3.12 Enact in 50 States comprehensive laws on clean indoor air that prohibit or strictly limit smoking in the workplace and enclosed public places (including health care facilities, schools, and public transportation). (Baseline: 42 States and the District of Columbia had laws restricting smoking in public places; 31 States restricted smoking in public workplaces; but only 13 States had comprehensive laws regulating smoking in private as well as public worksites and at least 4 public places, including restaurants, as of 1988)

3.13 Enact and enforce in 50 States laws prohibiting the sale and distribution of tobacco products to youth younger than age 19. (Baseline: 44 States and the District of Columbia had, but rarely enforced, laws regulating the sale and/or distribution of cigarettes or tobacco products to minors in 1990; only 3 set the age of majority at 19 and only 6 prohibited cigarette vending machines accessible to minors)

Note: Model legislation proposed by DHHS recommends licensure of tobacco vendors, civil money penalties and license suspension or revocation for violations, and a ban on cigarette vending machines.

3.14 Increase to 50 the number of States with plans to reduce tobacco use, especially among youth. (Baseline: 12 States in 1989)

3.15 Eliminate or severely restrict all forms of tobacco product advertising and promotion to which youth younger than age 18 are likely to be exposed. (Baseline: Radio and television advertising of tobacco products were prohibited, but other restrictions on advertising and promotion to which youth may be exposed were minimal in 1990)

3.16 Increase to at least 75 percent the proportion of primary care and oral health care providers who routinely advise cessation and provide assistance and followup for all of their tobacco-using patients. (Baseline: About 52 percent of internists reported counseling more than 75 percent of their smoking patients about smoking cessation in 1986; about 35 percent of dentists reported counseling at least 75 percent of their smoking patients about smoking in 1986)

4. Alcohol and Other Drugs

Health Status Objectives

4.1 Reduce deaths caused by alcohol-related motor vehicle crashes to no more than 8.5 per 100,000 people. (Age-adjusted baseline: 9.8 per 100,000 in 1987)

Special Population Targets

	Alcohol-Related Motor Vehicle Crash Deaths (per 100,000)	*1987 Baseline*	*2000 Target*
4.1a	American Indian/Alaska Native men	52.2	44.8
4.1b	People aged 15-24	21.5	18

4.2 Reduce cirrhosis deaths to no more than 6 per 100,000 people. (Age-adjusted baseline: 9.1 per 100,000 in 1987)

Special Population Targets

	Cirrhosis Deaths (per 100,000)	*1987 Baseline*	*2000 Target*
4.2a	Black men	22	12
4.2b	American Indians/Alaska Natives	25.9	13

4.3 Reduce drug-related deaths to no more than 3 per 100,000 people. (Age-adjusted baseline: 3.8 per 100,000 in 1987)

4.4 Reduce drug abuse-related hospital emergency department visits by at least 20 percent. (Baseline data available in 1991)

Risk Reduction Objectives

4.5 Increase by at least 1 year the average age of first use of cigarettes, alcohol, and marijuana by adolescents aged 12 through 17. (Baseline: Age 11.6 for cigarettes, age 13.1 for alcohol, and age 13.4 for marijuana in 1988)

4.6 Reduce the proportion of young people who have used alcohol, marijuana, and cocaine in the past month, as follows:

Substance/Age	*1988 Baseline*	*2000 Target*
Alcohol/aged 12-17	25.2%	12.6%
Alcohol/aged 18-20	57.9%	29%
Marijuana/aged 12-17	6.4%	3.2%
Marijuana/aged 18-25	15.5%	7.8%
Cocaine/aged 12-17	1.1%	0.6%
Cocaine/aged 18-25	4.5%	2.3%

Note: The targets of this objective are consistent with the goals established by the Office of National Drug Control Policy, Executive Office of the President.

4.7 Reduce the proportion of high school seniors and college students engaging in recent occasions of heavy drinking of alcoholic beverages to no more than 28 percent of high school seniors and 32 percent of college students. (Baseline: 33 percent of high school seniors and 41.7 percent of college students in 1989)

Note: Recent heavy drinking is defined as having 5 or more drinks on one occasion in the previous 2-week period as monitored by self-reports.

4.8 Reduce alcohol consumption by people aged 14 and older to an annual average of no more than 2 gallons of ethanol per person. (Baseline: 2.54 gallons of ethanol in 1987)

4.9 Increase the proportion of high school seniors who perceive social disapproval associated with the heavy use of alcohol, occasional use of marijuana, and experimentation with cocaine, as follows:

Behavior	*1989 Baseline*	*2000 Target*
Heavy use of alcohol	56.4%	70%
Occasional use of marijuana	71.1%	85%
Trying cocaine once or twice	88.9%	95%

Note: Heavy drinking is defined as having 5 or more drinks once or twice each weekend.

4.10 Increase the proportion of high school seniors who associate risk of physical or psychological harm with the heavy use of alcohol, regular use of marijuana, and experimentation with cocaine, as follows:

Behavior	*1989 Baseline*	*2000 Target*
Heavy use of alcohol	44%	70%
Regular use of marijuana	77.5%	90%
Trying cocaine once or twice	54.9%	80%

Note: Heavy drinking is defined as having 5 or more drinks once or twice each weekend.

4.11 Reduce to no more than 3 percent the proportion of male high school seniors who use anabolic steroids. (Baseline: 4.7 percent in 1989)

Services and Protection Objectives

4.12 Establish and monitor in 50 States comprehensive plans to ensure access to alcohol and drug treatment programs for traditionally underserved people. (Baseline data available in 1991)

4.13 Provide to children in all school districts and private schools primary and secondary school educational programs on alcohol and other drugs, preferably as part of quality school health education. (Baseline: 63 percent provided some instruction, 39 percent provided counseling, and 23 percent referred students for clinical assessments in 1987)

4.14 Extend adoption of alcohol and drug policies for the work environment to at least 60 percent of worksites with 50 or more employees. (Baseline data available in 1991)

4.15 Extend to 50 States administrative driver's license suspension/revocation laws or programs of equal effectiveness for people determined to have been driving under the influence of intoxicants. (Baseline: 28 States and the District of Columbia in 1990)

4.16 Increase to 50 the number of States that have enacted and enforce policies, beyond those in existence in 1989, to reduce access to alcoholic beverages by minors.

Note: Policies to reduce access to alcoholic beverages by minors may include those that address restriction of the sale of alcoholic beverages at recreational and entertainment events at which youth make up a majority of participants/consumers, product pricing, penalties and license-revocation for sale of alcoholic beverages to minors, and other approaches designed to discourage and restrict purchase of alcoholic beverages by minors.

4.17 Increase to at least 20 the number of States that have enacted statutes to restrict promotion of alcoholic beverages that is focused principally on young audiences. (Baseline data available in 1992)

4.18 Extend to 50 States legal blood alcohol concentration tolerance levels of .04 percent for motor vehicle drivers aged 21 and older and .00 percent for those younger than age 21. (Baseline: 0 States in 1990)

4.19 Increase to at least 75 percent the proportion of primary care providers who screen for alcohol and other drug use problems and provide counseling and referral as needed. (Baseline data available in 1992)

5. Family Planning

Health Status Objectives

5.1 Reduce pregnancies among girls aged 17 and younger to no more than 50 per 1,000 adolescents. (Baseline: 71.1 pregnancies per 1,000 girls aged 15 through 17 in 1985)

		Special Population Targets	
	Pregnancies (per 1,000)	*1985 Baseline*	*2000 Target*
5.1a	Black adolescent girls aged 15-19	186†	120
5.1b	Hispanic adolescent girls aged 15-19	158	105

†*Non-white adolescents*

Note: For black and Hispanic adolescent girls, baseline data are unavailable for those aged 15 through 17. The targets for these two populations are based on data for women aged 15 through 19. If more complete data become available, a 35-percent reduction from baseline figures should be used as the target.

5.2 Reduce to no more than 30 percent the proportion of all pregnancies that are unintended. (Baseline: 56 percent of pregnancies in the previous 5 years were unintended, either unwanted or earlier than desired, in 1988)

		Special Population Target	
	Unintended Pregnancies	*1988 Baseline*	*2000 Target*
5.2a	Black women	78%	40%

5.3 Reduce the prevalence of infertility to no more than 6.5 percent. (Baseline: 7.9 percent of married couples with wives aged 15 through 44 in 1988)

		Special Population Targets	
	Prevalence of Infertility	*1988 Baseline*	*2000 Target*
5.3a	Black couples	12.1%	9%
5.3b	Hispanic couples	12.4%	9%

Note: Infertility is the failure of couples to conceive after 12 months of intercourse without contraception.

Risk Reduction Objectives

5.4* Reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 15 percent by age 15 and no more than 40 percent by age 17. (Baseline: 27 percent of girls and 33 percent of boys by age 15; 50 percent of girls and 66 percent of boys by age 17; reported in 1988)

5.5 Increase to at least 40 percent the proportion of ever sexually active adolescents aged 17 and younger who have abstained from sexual activity for the previous 3 months. (Baseline: 26 percent of sexually active girls aged 15 through 17 in 1988)

5.6 Increase to at least 90 percent the proportion of sexually active, unmarried people aged 19 and younger who use contraception, especially combined method contraception that both effectively prevents pregnancy and provides barrier protection against disease. (Baseline: 78 percent at most recent intercourse and 63 percent at first intercourse; 2 percent used oral contraceptives and the condom at most recent intercourse; among young women aged 15 through 19 reporting in 1988)

Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.

5.7 Increase the effectiveness with which family planning methods are used, as measured by a decrease to no more than 5 percent in the proportion of couples experiencing pregnancy despite use of a contraceptive method. (Baseline: Approximately 10 percent of women using reversible contraceptive methods experienced an unintended pregnancy in 1982)

Services and Protection Objectives

5.8 Increase to at least 85 percent the proportion of people aged 10 through 18 who have discussed human sexuality, including values surrounding sexuality, with their parents and/or have received information through another parentally endorsed source, such as youth, school, or religious programs. (Baseline: 66 percent of people aged 13 through 18 have discussed sexuality with their parents; reported in 1986)

Note: This objective, which supports family communication on a range of vital personal health issues, will be tracked using the National Health Interview Survey, a continuing, voluntary, national sample survey of adults who report on household characteristics including such items as illnesses, injuries, use of health services, and demographic characteristics.

5.9 Increase to at least 90 percent the proportion of pregnancy counselors who offer positive, accurate information about adoption to their unmarried patients with unintended pregnancies. (Baseline: 60 percent of pregnancy counselors in 1984)

Note: Pregnancy counselors are any providers of health or social services who discuss the management or outcome of pregnancy with a woman after she has received a diagnosis of pregnancy.

5.10* Increase to at least 60 percent the proportion of primary care providers who provide age-appropriate preconception care and counseling. (Baseline data available in 1992)

5.11* Increase to at least 50 percent the proportion of family planning clinics, maternal and child health clinics, sexually transmitted disease clinics, tuberculosis clinics, drug treatment centers, and primary care clinics that screen, diagnose, treat, counsel, and provide (or refer for) partner notification services for HIV infection and bacterial sexually transmitted diseases (gonorrhea, syphilis, and chlamydia). (Baseline: 40 percent of family planning clinics for bacterial sexually transmitted diseases in 1989)

6. Mental Health and Mental Disorders

Health Status Objectives

6.1* Reduce suicides to no more than 10.5 per 100,000 people. (Age-adjusted baseline: 11.7 per 100,000 in 1987)

Special Population Targets

	Suicides (per 100,000)	*1987 Baseline*	*2000 Target*
6.1a	Youth aged 15-19	10.3	8.2
6.1b	Men aged 20-34	25.2	21.4
6.1c	White men aged 65 and older	46.1	39.2
6.1d	American Indian/Alaska Native men in Reservation States	15	12.8

6.2* Reduce by 15 percent the incidence of injurious suicide attempts among adolescents aged 14 through 17. (Baseline data available in 1991)

6.3 Reduce to less than 10 percent the prevalence of mental disorders among children and adolescents. (Baseline: An estimated 12 percent among youth younger than age 18 in 1989)

6.4 Reduce the prevalence of mental disorders (exclusive of substance abuse) among adults living in the community to less than 10.7 percent. (Baseline: One-month point prevalence of 12.6 percent in 1984)

6.5 Reduce to less than 35 percent the proportion of people aged 18 and older who experienced adverse health effects from stress within the past year. (Baseline: 42.6 percent in 1985)

Special Population Target

		1985 Baseline	*2000 Target*
6.5a	People with disabilities	53.5%	40%

Note: For this objective, people with disabilities are people who report any limitation in activity due to chronic conditions.

Risk Reduction Objectives

6.6 Increase to at least 30 percent the proportion of people aged 18 and older with severe, persistent mental disorders who use community support programs. (Baseline: 15 percent in 1986)

6.7 Increase to at least 45 percent the proportion of people with major depressive disorders who obtain treatment. (Baseline: 31 percent in 1982)

6.8 Increase to at least 20 percent the proportion of people aged 18 and older who seek help in coping with personal and emotional problems. (Baseline: 11.1 percent in 1985)

Special Population Target

		1985 Baseline	*2000 Target*
6.8a	People with disabilities	14.7%	30%

6.9 Decrease to no more than 5 percent the proportion of people aged 18 and older who report experiencing significant levels of stress who do not take steps to reduce or control their stress. (Baseline: 21 percent in 1985)

Services and Protection Objectives

6.10* Increase to 50 the number of States with officially established protocols that engage mental health, alcohol and drug, and public health authorities with corrections authorities to facilitate identification and appropriate intervention to prevent suicide by jail inmates. (Baseline data available in 1992)

6.11 Increase to at least 40 percent the proportion of worksites employing 50 or more people that provide programs to reduce employee stress. (Baseline: 26.6 percent in 1985)

6.12 Establish mutual help clearinghouses in at least 25 States. (Baseline: 9 States in 1989)

6.13 Increase to at least 50 percent the proportion of primary care providers who routinely review with patients their patients' cognitive, emotional, and behavioral functioning and the resources available to deal with any problems that are identified. (Baseline data available in 1992)

6.14 Increase to at least 75 percent the proportion of providers of primary care for children who include assessment of cognitive, emotional, and parent-child functioning, with appropriate counseling, referral, and followup, in their clinical practices. (Baseline data available in 1992)

7. Violent and Abusive Behavior

Health Status Objectives

7.1 Reduce homicides to no more than 7.2 per 100,000 people. (Age-adjusted baseline: 8.5 per 100,000 in 1987)

Special Population Targets

	Homicide Rate (per 100,000)	*1987 Baseline*	*2000 Target*
7.1a	Children aged 3 and younger	3.9	3.1
7.1b	Spouses aged 15-34	1.7	1.4
7.1c	Black men aged 15-34	90.5	72.4
7.1d	Hispanic men aged 15-34	53.1	42.5
7.1e	Black women aged 15-34	20.0	16.0
7.1f	American Indians/Alaska Natives in Reservation States	14.1	11.3

7.2* Reduce suicides to no more than 10.5 per 100,000 people. (Age-adjusted baseline: 11.7 per 100,000 in 1987)

Special Population Targets

	Suicides (per 100,000)	*1987 Baseline*	*2000 Target*
7.2a	Youth aged 15-19	10.3	8.2
7.2b	Men aged 20-34	25.2	21.4
7.2c	White men aged 65 and older	46.1	39.2
7.2d	American Indian/Alaska Native men in Reservation States	15	12.8

7.3 Reduce weapon-related violent deaths to no more than 12.6 per 100,000 people from major causes. (Age-adjusted baseline: 12.9 per 100,000 by firearms, 1.9 per 100,000 by knives, in 1987)

7.4 Reverse to less than 25.2 per 1,000 children the rising incidence of maltreatment of children younger than age 18. (Baseline: 25.2 per 1,000 in 1986)

Type-Specific Targets

	Incidence of Types of Maltreatment (per 1,000)	*1986 Baseline*	*2000 Target*
7.4a	Physical abuse	5.7	<5.7
7.4b	Sexual abuse	2.5	<2.5
7.4c	Emotional abuse	3.4	<3.4
7.4d	Neglect	15.9	<15.9

7.5 Reduce physical abuse directed at women by male partners to no more than 27 per 1,000 couples. (Baseline: 30 per 1,000 in 1985)

7.6 Reduce assault injuries among people aged 12 and older to no more than 10 per 1,000 people. (Baseline: 11.1 per 1,000 in 1986)

7.7 Reduce rape and attempted rape of women aged 12 and older to no more than 108 per 100,000 women. (Baseline: 120 per 100,000 in 1986)

		Special Population Target	
	Incidence of Rape and Attempted Rape (per 100,000)	*1986 Baseline*	*2000 Target*
7.7a	Women aged 12-34	250	225

7.8* Reduce by 15 percent the incidence of injurious suicide attempts among adolescents aged 14 through 17. (Baseline data available in 1991)

Risk Reduction Objectives

7.9 Reduce by 20 percent the incidence of physical fighting among adolescents aged 14 through 17. (Baseline data available in 1991)

7.10 Reduce by 20 percent the incidence of weapon-carrying by adolescents aged 14 through 17. (Baseline data available in 1991)

7.11 Reduce by 20 percent the proportion of people who possess weapons that are inappropriately stored and therefore dangerously available. (Baseline data available in 1992)

Services and Protection Objectives

7.12 Extend protocols for routinely identifying, treating, and properly referring suicide attempters, victims of sexual assault, and victims of spouse, elder, and child abuse to at least 90 percent of hospital emergency departments. (Baseline data available in 1992)

7.13 Extend to at least 45 States implementation of unexplained child death review systems. (Baseline data available in 1991)

7.14 Increase to at least 30 the number of States in which at least 50 percent of children identified as neglected or physically or sexually abused receive physical and mental evaluation with appropriate followup as a means of breaking the intergenerational cycle of abuse. (Baseline data available in 1993)

7.15 Reduce to less than 10 percent the proportion of battered women and their children turned away from emergency housing due to lack of space. (Baseline: 40 percent in 1987)

7.16 Increase to at least 50 percent the proportion of elementary and secondary schools that teach nonviolent conflict resolution skills, preferably as a part of quality school health education. (Baseline data available in 1991)

7.17 Extend coordinated, comprehensive violence prevention programs to at least 80 percent of local jurisdictions with populations over 100,000. (Baseline data available in 1993)

7.18* Increase to 50 the number of States with officially established protocols that engage mental health, alcohol and drug, and public health authorities with corrections authorities to facilitate identification and appropriate intervention to prevent suicide by jail inmates. (Baseline data available in 1992)

8. Educational and Community-Based Programs

Health Status Objective

8.1* Increase years of healthy life to at least 65 years. (Baseline: An estimated 62 years in 1980)

		Special Population Targets	
	Years of Healthy Life	*1980 Baseline*	*2000 Target*
8.1a	Blacks	56	60
8.1b	Hispanics	62	65
8.1c	People aged 65 and older	12†	14†

†*Years of healthy life remaining at age 65*

Note: Years of healthy life (also referred to as quality-adjusted life years) is a summary measure of health that combines mortality (quantity of life) and morbidity and disability (quality of life) into a single measure. For people aged 65 and older, active life-expectancy, a related summary measure, also will be tracked.

Risk Reduction Objective

8.2 Increase the high school graduation rate to at least 90 percent, thereby reducing risks for multiple problem behaviors and poor mental and physical health. (Baseline: 79 percent of people aged 20 through 21 had graduated from high school with a regular diploma in 1989)

Note: This objective and its target are consistent with the National Education Goal to increase high school graduation rates. The baseline estimate is a proxy. When a measure is chosen to monitor the National Education Goal, the same measure and data source will be used to track this objective.

Services and Protection Objectives

8.3 Achieve for all disadvantaged children and children with disabilities access to high quality and developmentally appropriate preschool programs that help prepare children for school, thereby improving their prospects with regard to school performance, problem behaviors, and mental and physical health. (Baseline: 47 percent of eligible children aged 4 were afforded the opportunity to enroll in Head Start in 1990)

Note: This objective and its target are consistent with the National Education Goal to increase school readiness and its objective to increase access to preschool programs for disadvantaged and disabled children. The baseline estimate is an available, but partial, proxy. When a measure is chosen to monitor this National Education Objective, the same measure and data source will be used to track this objective.

8.4 Increase to at least 75 percent the proportion of the Nation's elementary and secondary schools that provide planned and sequential kindergarten through 12th grade quality school health education. (Baseline data available in 1991)

8.5 Increase to at least 50 percent the proportion of postsecondary institutions with institutionwide health promotion programs for students, faculty, and staff. (Baseline: At least 20 percent of higher education institutions offered health promotion activities for students in 1989-90)

8.6 Increase to at least 85 percent the proportion of workplaces with 50 or more employees that offer health promotion activities for their employees, preferably as part of a comprehensive employee health promotion program. (Baseline: 65 percent of worksites with 50 or more employees offered at least one health promotion activity in 1985; 63 percent of medium and large companies had a wellness program in 1987)

8.7 Increase to at least 20 percent the proportion of hourly workers who participate regularly in employer-sponsored health promotion activities. (Baseline data available in 1992)

8.8 Increase to at least 90 percent the proportion of people aged 65 and older who had the opportunity to participate during the preceding year in at least one organized health promotion program through a senior center, lifecare facility, or other community-based setting that serves older adults. (Baseline data available in 1992)

8.9 Increase to at least 75 percent the proportion of people aged 10 and older who have discussed issues related to nutrition, physical activity, sexual behavior, tobacco, alcohol, other drugs, or safety with family members on at least one occasion during the preceding month. (Baseline data available in 1991)

Note: This objective, which supports family communication on a range of vital personal health issues, will be tracked using the National Health Interview Survey, a continuing, voluntary, national sample survey of adults who report on household characteristics including such items as illnesses, injuries, use of health services, and demographic characteristics.

8.10 Establish community health promotion programs that separately or together address at least three of the Healthy People 2000 priorities and reach at least 40 percent of each State's population. (Baseline data available in 1992)

8.11 Increase to at least 50 percent the proportion of counties that have established culturally and linguistically appropriate community health promotion programs for racial and ethnic minority populations. (Baseline data available in 1992)

Note: This objective will be tracked in counties in which a racial or ethnic group constitutes more than 10 percent of the population.

8.12 Increase to at least 90 percent the proportion of hospitals, health maintenance organizations, and large group practices that provide patient education programs, and to at least 90 percent the proportion of community hospitals that offer community health promotion programs addressing the priority health needs of their communities. (Baseline: 66 percent of 6,821 registered hospitals provided patient education services in 1987; 60 percent of 5,677 community hospitals offered community health promotion programs in 1987)

8.13 Increase to at least 75 percent the proportion of local television network affiliates in the top 20 television markets that have become partners with one or more community organizations around one of the health problems addressed by the Healthy People 2000 objectives. (Baseline data available in 1991)

8.14 Increase to at least 90 percent the proportion of people who are served by a local health department that is effectively carrying out the core functions of public health. (Baseline data available in 1992)

Note: The core functions of public health have been defined as assessment, policy development, and assurance. Local health department refers to any local component of the public health system, defined as an administrative and service unit of local or State government concerned with health and carrying some responsibility for the health of a jurisdiction smaller than a State.

9. Unintentional Injuries

Health Status Objectives

9.1 Reduce deaths caused by unintentional injuries to no more than 29.3 per 100,000 people. (Age-adjusted baseline: 34.5 per 100,000 in 1987)

Special Population Targets

	Deaths Caused By Unintential Injuries (per 100,000)	*1987 Baseline*	*2000 Target*
9.1a	American Indians/Alaska Natives	82.6	66.1
9.1b	Black males	64.9	51.9
9.1c	White males	53.6	42.9

9.2 Reduce nonfatal unintentional injuries so that hospitalizations for this condition are no more than 754 per 100,000 people. (Baseline: 887 per 100,000 in 1988)

9.3 Reduce deaths caused by motor vehicle crashes to no more than 1.9 per 100 million vehicle miles traveled and 16.8 per 100,000 people. (Baseline: 2.4 per 100 million vehicle miles traveled (VMT) and 18.8 per 100,000 people (age adjusted) in 1987)

Special Population Targets

	Deaths Caused By Motor Vehicle Crashes (per 100,000)	*1987 Baseline*	*2000 Target*
9.3a	Children aged 14 and younger	6.2	5.5
9.3b	Youth aged 15-24	36.9	33
9.3c	People aged 70 and older	22.6	20
9.3d	American Indians/Alaska Natives	46.8	39.2

Type-Specific Targets

	Deaths Caused By Motor Vehicle Crashes	*1987 Baseline*	*2000 Target*
9.3e	Motorcyclists	40.9/100 million VMT & 1.7/100,000	33/100 million VMT & 1.5/100,000
9.3f	Pedestrians	3.1/100,000	2.7/100,000

9.4 Reduce deaths from falls and fall-related injuries to no more than 2.3 per 100,000 people. (Age-adjusted baseline: 2.7 per 100,000 in 1987)

Special Population Targets

	Deaths From Falls and Fall-Related Injuries (per 100,000)	*1987 Baseline*	*2000 Target*
9.4a	People aged 65-84	18	14.4
9.4b	People aged 85 and older	131.2	105.0
9.4c	Black men aged 30-69	8	5.6

9.5 Reduce drowning deaths to no more than 1.3 per 100,000 people. (Age-adjusted baseline: 2.1 per 100,000 in 1987)

Special Population Targets

	Drowning Deaths (per 100,000)	*1987 Baseline*	*2000 Target*
9.5a	Children aged 4 and younger	4.2	2.3
9.5b	Men aged 15-34	4.5	2.5
9.5c	Black males	6.6	3.6

9.6 Reduce residential fire deaths to no more than 1.2 per 100,000 people. (Age-adjusted baseline: 1.5 per 100,000 in 1987)

Special Population Targets

	Residential Fire Deaths (per 100,000)	*1987 Baseline*	*2000 Target*
9.6a	Children aged 4 and younger	4.4	3.3
9.6b	People aged 65 and older	4.4	3.3
9.6c	Black males	5.7	4.3
9.6d	Black females	3.4	2.6

Type-Specific Target

		1983 Baseline	*2000 Target*
9.6e	Residential fire deaths caused by smoking	17%	5%

9.7 Reduce hip fractures among people aged 65 and older so that hospitalizations for this condition are no more than 607 per 100,000. (Baseline: 714 per 100,000 in 1988)

Special Population Target

	Hip Fractures (per 100,000)	*1988 Baseline*	*2000 Target*
9.7a	White women aged 85 and older	2,721	2,177

9.8 Reduce nonfatal poisoning to no more than 88 emergency department treatments per 100,000 people. (Baseline: 103 per 100,000 in 1986)

		Special Population Target	
	Nonfatal Poisoning (per 100,000)	*1986 Baseline*	*2000 Target*
9.8a	Among children aged 4 and younger	650	520

9.9 Reduce nonfatal head injuries so that hospitalizations for this condition are no more than 106 per 100,000 people. (Baseline: 125 per 100,000 in 1988)

9.10 Reduce nonfatal spinal cord injuries so that hospitalizations for this condition are no more than 5 per 100,000 people. (Baseline: 5.9 per 100,000 in 1988)

		Special Population Target	
	Nonfatal Spinal Cord Injuries (per 100,000)	*1988 Baseline*	*2000 Target*
9.10a	Males	8.9	7.1

9.11 Reduce the incidence of secondary disabilities associated with injuries of the head and spinal cord to no more than 16 and 2.6 per 100,000 people, respectively. (Baseline: 20 per 100,000 for serious head injuries and 3.2 per 100,000 for spinal cord injuries in 1986)

Note: Secondary disabilities are defined as those medical conditions secondary to traumatic head or spinal cord injury that impair independent and productive lifestyles.

Risk Reduction Objectives

9.12 Increase use of occupant protection systems, such as safety belts, inflatable safety restraints, and child safety seats, to at least 85 percent of motor vehicle occupants. (Baseline: 42 percent in 1988)

		Special Population Target	
	Use of Occupant Protection Systems	*1988 Baseline*	*2000 Target*
9.12a	Children aged 4 and younger	84%	95%

9.13 Increase use of helmets to at least 80 percent of motorcyclists and at least 50 percent of bicyclists. (Baseline: 60 percent of motorcyclists in 1988 and an estimated 8 percent of bicyclists in 1984)

Services and Protection Objectives

9.14 Extend to 50 States laws requiring safety belt and motorcycle helmet use for all ages. (Baseline: 33 States and the District of Columbia in 1989 for automobiles; 22 States, the District of Columbia, and Puerto Rico for motorcycles)

9.15 Enact in 50 States laws requiring that new handguns be designed to minimize the likelihood of discharge by children. (Baseline: 0 States in 1989)

9.16 Extend to 2,000 local jurisdictions the number whose codes address the installation of fire suppression sprinkler systems in those residences at highest risk for fires. (Baseline data available in 1991)

9.17 Increase the presence of functional smoke detectors to at least one on each habitable floor of all inhabited residential dwellings. (Baseline: 81 percent of residential dwellings in 1989)

9.18 Provide academic instruction on injury prevention and control, preferably as part of quality school health education, in at least 50 percent of public school systems (grades K through 12). (Baseline data available in 1991)

9.19* Extend requirement of the use of effective head, face, eye, and mouth protection to all organizations, agencies, and institutions sponsoring sporting and recreation events that pose risks of injury. (Baseline: Only National Collegiate Athletic Association football, hockey, and lacrosse; high school football; amateur boxing; and amateur ice hockey in 1988)

9.20 Increase to at least 30 the number of States that have design standards for signs, signals, markings, lighting, and other characteristics of the roadway environment to improve the visual stimuli and protect the safety of older drivers and pedestrians. (Baseline data available in 1992)

9.21 Increase to at least 50 percent the proportion of primary care providers who routinely provide age-appropriate counseling on safety precautions to prevent unintentional injury. (Baseline data available in 1992)

9.22 Extend to 50 States emergency medical services and trauma systems linking prehospital, hospital, and rehabilitation services in order to prevent trauma deaths and long-term disability. (Baseline: 2 States in 1987)

10. Occupational Safety and Health

Health Status Objectives

10.1 Reduce deaths from work-related injuries to no more than 4 per 100,000 full-time workers. (Baseline: Average of 6 per 100,000 during 1983-87)

		Special Population Targets	
	Work-Related Deaths (per 100,000)	*1983-87 Average*	*2000 Target*
10.1a	Mine workers	30.3	21
10.1b	Construction workers	25.0	17
10.1c	Transportation workers	15.2	10
10.1d	Farm workers	14.0	9.5

10.2 Reduce work-related injuries resulting in medical treatment, lost time from work, or restricted work activity to no more than 6 cases per 100 full-time workers. (Baseline: 7.7 per 100 in 1987)

Special Population Targets

	Work-Related Injuries (per 100)	*1983-87 Average*	*2000 Target*
10.2a	Construction workers	14.9	10
10.2b	Nursing and personal care workers	12.7	9
10.2c	Farm workers	12.4	8
10.2d	Transportation workers	8.3	6
10.2e	Mine workers	8.3	6

10.3 Reduce cumulative trauma disorders to an incidence of no more than 60 cases per 100,000 full-time workers. (Baseline: 100 per 100,000 in 1987)

Special Population Targets

	Cumulative Trauma Disorders (per 100,000)	*1987 Baseline*	*2000 Target*
10.3a	Manufacturing industry workers	355	150
10.3b	Meat product workers	3,920	2,000

10.4 Reduce occupational skin disorders or diseases to an incidence of no more than 55 per 100,000 full-time workers. (Baseline: Average of 64 per 100,000 during 1983-87)

10.5* Reduce hepatitis B infections among occupationally exposed workers to an incidence of no more than 1,250 cases. (Baseline: An estimated 6,200 cases in 1987)

Risk Reduction Objectives

10.6 Increase to at least 75 percent the proportion of worksites with 50 or more employees that mandate employee use of occupant protection systems, such as seatbelts, during all work-related motor vehicle travel. (Baseline data available in 1991)

10.7 Reduce to no more than 15 percent the proportion of workers exposed to average daily noise levels that exceed 85 dBA. (Baseline data available in 1992)

10.8 Eliminate exposures which result in workers having blood lead concentrations greater than 25 µg/dL of whole blood. (Baseline: 4,804 workers with blood lead levels above 25 µg/dL in 7 States in 1988)

10.9* Increase hepatitis B immunization levels to 90 percent among occupationally exposed workers. (Baseline data available in 1991)

Services and Protection Objectives

10.10 Implement occupational safety and health plans in 50 States for the identification, management, and prevention of leading work-related diseases and injuries within the State. (Baseline: 10 States in 1989)

10.11 Establish in 50 States exposure standards adequate to prevent the major occupational lung diseases to which their worker populations are exposed (byssinosis, asbestosis, coal workers' pneumoconiosis, and silicosis). (Baseline data available in 1991)

10.12 Increase to at least 70 percent the proportion of worksites with 50 or more employees that have implemented programs on worker health and safety. (Baseline data available in 1991)

10.13 Increase to at least 50 percent the proportion of worksites with 50 or more employees that offer back injury prevention and rehabilitation programs. (Baseline: 28.6 percent offered back care activities in 1985)

10.14 Establish in 50 States either public health or labor department programs that provide consultation and assistance to small businesses to implement safety and health programs for their employees. (Baseline data available in 1991)

10.15 Increase to at least 75 percent the proportion of primary care providers who routinely elicit occupational health exposures as a part of patient history and provide relevant counseling. (Baseline data available in 1992)

11. Environmental Health

Health Status Objectives

11.1 Reduce asthma morbidity, as measured by a reduction in asthma hospitalizations to no more than 160 per 100,000 people. (Baseline: 188 per 100,000 in 1987)

Special Population Targets

	Asthma Hospitalizations (per 100,000)	*1987 Baseline*	*2000 Target*
11.1a	Blacks and other nonwhites	334	265
11.1b	Children	284†	225

†*Children aged 14 and younger*

11.2* Reduce the prevalence of serious mental retardation among school-aged children to no more than 2 per 1,000 children. (Baseline: 2.7 per 1,000 children aged 10 in 1985-88)

11.3 Reduce outbreaks of waterborne disease from infectious agents and chemical poisoning to no more than 11 per year. (Baseline: Average of 31 outbreaks per year during 1981-88)

Type-Specific Target

	Average Annual Number of Waterborne Disease Outbreaks	*1981-88 Baseline*	*2000 Target*
11.3a	People served by community water systems	13	6

Note: Community water systems are public or investor-owned water systems that serve large or small communities, subdivisions, or trailer parks with at least 15 service connections or 25 year-round residents.

11.4 Reduce the prevalence of blood lead levels exceeding 15 µg/dL and 25 µg/dL among children aged 6 months through 5 years to no more than 500,000 and zero, respectively. (Baseline: An estimated 3 million children had levels exceeding 15 µg/dL, and 234,000 had levels exceeding 25 µg/dL, in 1984)

Special Population Target

	Prevalence of Blood Lead Levels Exceeding 15 µg/dL & 25 µg/dL	*1984 Baseline*	*2000 Target*
11.4a	Inner-city low-income black children (annual family income <$6,000 in 1984 dollars)	234,900 & 36,700	75,000 & 0

Risk Reduction Objectives

11.5 Reduce human exposure to criteria air pollutants, as measured by an increase to at least 85 percent in the proportion of people who live in counties that have not exceeded any Environmental Protection Agency standard for air quality in the previous 12 months. (Baseline: 49.7 percent in 1988)

Proportion Living in Counties That Have Not Exceeded Criteria Air Pollutant Standards in 1988 for:

Ozone	53.6%
Carbon monoxide	87.8%
Nitrogen dioxide	96.6%
Sulfur dioxide	99.3%
Particulates	89.4%
Lead	99.3%
Total (any of above pollutants)	49.7%

Note: An individual living in a county that exceeds an air quality standard may not actually be exposed to unhealthy air. Of all criteria air pollutants, ozone is the most likely to have fairly uniform concentrations throughout an area. Exposure is to criteria air pollutants in ambient air. Due to weather fluctuations, multi-year averages may be the most appropriate way to monitor progress toward this objective.

11.6 Increase to at least 40 percent the proportion of homes in which homeowners/occupants have tested for radon concentrations and that have either been found to pose minimal risk or have been modified to reduce risk to health. (Baseline: Less than 5 percent of homes had been tested in 1989)

Special Population Targets

	Testing and Modification As Necessary	*Baseline*	*2000 Target*
11.6a	Homes with smokers and former smokers	—	50%
11.6b	Homes with children	—	50%

11.7 Reduce human exposure to toxic agents by confining total pounds of toxic agents released into the air, water, and soil each year to no more than:

0.24 billion pounds of those toxic agents included on the Department of Health and Human Services list of carcinogens. (Baseline: 0.32 billion pounds in 1988)

2.6 billion pounds of those toxic agents included on the Agency for Toxic Substances and Disease Registry list of the most toxic chemicals. (Baseline: 2.62 billion pounds in 1988)

11.8 Reduce human exposure to solid waste-related water, air, and soil contamination, as measured by a reduction in average pounds of municipal solid waste produced per person each day to no more than 3.6 pounds. (Baseline: 4.0 pounds per person each day in 1988)

11.9 Increase to at least 85 percent the proportion of people who receive a supply of drinking water that meets the safe drinking water standards established by the Environmental Protection Agency. (Baseline: 74 percent of 58,099 community water systems serving approximately 80 percent of the population in 1988)

Note: Safe drinking water standards are measured using Maximum Contaminant Level (MCL) standards set by the Environmental Protection Agency which define acceptable levels of contaminants. See Objective 11.3 for definition of community water systems.

11.10 Reduce potential risks to human health from surface water, as measured by a decrease to no more than 15 percent in the proportion of assessed rivers, lakes, and estuaries that do not support beneficial uses, such as fishing and swimming. (Baseline: An estimated 25 percent of assessed rivers, lakes, and estuaries did not support designated beneficial uses in 1988)

Note: Designated beneficial uses, such as aquatic life support, contact recreation (swimming), and water supply, are designated by each State and approved by the Environmental Protection Agency. Support of beneficial use is a proxy measure of risk to human health, as many pollutants causing impaired water uses do not have human health effects (e.g., siltation, impaired fish habitat).

Services and Protection Objectives

11.11 Perform testing for lead-based paint in at least 50 percent of homes built before 1950. (Baseline data available in 1991)

11.12 Expand to at least 35 the number of States in which at least 75 percent of local jurisdictions have adopted construction standards and techniques that minimize elevated indoor radon levels in those new building areas locally determined to have elevated radon levels. (Baseline: 1 State in 1989)

Note: Since construction codes are frequently adopted by local jurisdictions rather than States, progress toward this objective also may be tracked using the proportion of cities and counties that have adopted such construction standards.

11.13 Increase to at least 30 the number of States requiring that prospective buyers be informed of the presence of lead-based paint and radon concentrations in all buildings offered for sale. (Baseline: 2 States required disclosure of lead-based paint in 1989; 1 State required disclosure of radon concentrations in 1989; 2 additional States required disclosure that radon has been found in the State and that testing is desirable in 1989)

11.14 Eliminate significant health risks from National Priority List hazardous waste sites, as measured by performance of clean-up at these sites sufficient to eliminate immediate and significant health threats as specified in health assessments completed at all sites. (Baseline: 1,082 sites were on the list in March of 1990; of these, health assessments have been conducted for approximately 1,000)

Note: The Comprehensive Environmental Response, Compensation, and Liability Act of 1980 required the Environmental Protection Agency to develop criteria for determining priorities among hazardous waste sites and to develop and maintain a list of these priority sites. The resulting list is called the National Priorities List (NPL).

11.15 Establish programs for recyclable materials and household hazardous waste in at least 75 percent of counties. (Baseline: Approximately 850 programs in 41 States collected household toxic waste in 1987; extent of recycling collections unknown)

11.16 Establish and monitor in at least 35 States plans to define and track sentinel environmental diseases. (Baseline: 0 States in 1990)

Note: Sentinel environmental diseases include lead poisoning, other heavy metal poisoning (e.g., cadmium, arsenic, and mercury), pesticide poisoning, carbon monoxide poisoning, heatstroke, hypothermia, acute chemical poisoning, methemoglobinemia, and respiratory diseases triggered by environmental factors (e.g., asthma).

12. Food and Drug Safety

Health Status Objectives

12.1 Reduce infections caused by key foodborne pathogens to incidences of no more than:

Disease (per 100,000)	*1987 Baseline*	*2000 Target*
Salmonella species	18	16
Campylobacter jejuni	50	25
Escherichia coli 0157:H7	8	4
Listeria monocytogenes	0.7	0.5

12.2 Reduce outbreaks of infections due to *Salmonella enteritidis* to fewer than 25 outbreaks yearly. (Baseline: 77 outbreaks in 1989)

Risk Reduction Objective

12.3 Increase to at least 75 percent the proportion of households in which principal food preparers routinely refrain from leaving perishable food out of the refrigerator for over 2 hours and wash cutting boards and utensils with soap after contact with raw meat and poultry. (Baseline: For refrigeration of perishable foods, 70 percent; for washing cutting boards with soap, 66 percent; and for washing utensils with soap, 55 percent, in 1988)

Services and Protection Objectives

12.4 Extend to at least 70 percent the proportion of States and territories that have implemented model food codes for institutional food operations and to at least 70 percent the proportion that have adopted the new uniform food protection code ("Unicode") that sets recommended standards for regulation of all food operations. (Baseline: For institutional food operations currently using FDA's recommended model codes, 20 percent; for the new Unicode to be released in 1991, 0 percent, in 1990)

12.5 Increase to at least 75 percent the proportion of pharmacies and other dispensers of prescription medications that use linked systems to provide alerts to potential adverse drug reactions among medications dispensed by different sources to individual patients. (Baseline data available in 1993)

12.6 Increase to at least 75 percent the proportion of primary care providers who routinely review with their patients aged 65 and older all prescribed and over-the-counter medicines taken by their patients each time a new medication is prescribed. (Baseline data available in 1992)

13. Oral Health

Health Status Objectives

13.1 Reduce dental caries (cavities) so that the proportion of children with one or more caries (in permanent or primary teeth) is no more than 35 percent among children aged 6 through 8 and no more than 60 percent among adolescents aged 15. (Baseline: 53 percent of children aged 6 through 8 in 1986-87; 78 percent of adolescents aged 15 in 1986-87)

Special Population Targets

	Dental Caries Prevalence	*1986-87 Baseline*	*2000 Target*
13.1a	Children aged 6-8 whose parents have less than high school education	70%	45%
13.1b	American Indian/Alaska Native children aged 6-8	92%†	45%
		52%‡	
13.1c	Black children aged 6-8	61%	40%
13.1d	American Indian/Alaska Native adolescents aged 15	93%‡	70%

†*In primary teeth in 1983-84* ‡*In permanent teeth in 1983-84*

13.2 Reduce untreated dental caries so that the proportion of children with untreated caries (in permanent or primary teeth) is no more than 20 percent among children aged 6 through 8 and no more than 15 percent among adolescents aged 15. (Baseline: 27 percent of children aged 6 through 8 in 1986; 23 percent of adolescents aged 15 in 1986-87)

Special Population Targets

	Untreated Dental Caries:	*1986-87 Baseline*	*2000 Target*
	Among Children—		
13.2a	Children aged 6-8 whose parents have less than high school education	43%	30%
13.2b	American Indian/Alaska Native children aged 6-8	64%†	35%
13.2c	Black children aged 6-8	38%	25%
13.2d	Hispanic children aged 6-8	36%‡	25%
	Among Adolescents—		
13.2a	Adolescents aged 15 whose parents have less than a high school education	41%	25%
13.2b	American Indian/Alaska Native adolescents aged 15	84%†	40%
13.2c	Black adolescents aged 15	38%	20%
13.2d	Hispanic adolescents aged 15	31-47%‡	25%

†*1983-84 baseline* ‡*1982-84 baseline*

13.3 Increase to at least 45 percent the proportion of people aged 35 through 44 who have never lost a permanent tooth due to dental caries or periodontal diseases. (Baseline: 31 percent of employed adults had never lost a permanent tooth for any reason in 1985-86)

Note: Never lost a permanent tooth is having 28 natural teeth exclusive of third molars.

13.4 Reduce to no more than 20 percent the proportion of people aged 65 and older who have lost all of their natural teeth. (Baseline: 36 percent in 1986)

Special Population Target

	Complete Tooth Loss Prevalence	*1986 Baseline*	*2000 Target*
13.4a	Low-income people (annual family income <$15,000)	46%	25%

13.5 Reduce the prevalence of gingivitis among people aged 35 through 44 to no more than 30 percent. (Baseline: 42 percent in 1985-86)

Special Population Targets

	Gingivitis Prevalence	*1985 Baseline*	*2000 Target*
13.5a	Low-income people (annual family income <$12,500)	50%	35%
13.5b	American Indians/Alaska Natives	95%†	50%
13.5c	Hispanics		50%
	Mexican Americans	74%‡	
	Cubans	79%‡	
	Puerto Ricans	82%‡	

†*1983-84 baseline* ‡*1982-84 baseline*

13.6 Reduce destructive periodontal diseases to a prevalence of no more than 15 percent among people aged 35 through 44. (Baseline: 24 percent in 1985-86)

Note: Destructive periodontal disease is one or more sites with 4 millimeters or greater loss of tooth attachment.

13.7 Reduce deaths due to cancer of the oral cavity and pharynx to no more than 10.5 per 100,000 men aged 45 through 74 and 4.1 per 100,000 women aged 45 through 74. (Baseline: 12.1 per 100,000 men and 4.1 per 100,000 women in 1987)

Risk Reduction Objectives

13.8 Increase to at least 50 percent the proportion of children who have received protective sealants on the occlusal (chewing) surfaces of permanent molar teeth. (Baseline: 11 percent of children aged 8 and 8 percent of adolescents aged 14 in 1986-87)

Note: Progress toward this objective will be monitored based on prevalence of sealants in children at age 8 and at age 14, when the majority of first and second molars, respectively, are erupted.

13.9 Increase to at least 75 percent the proportion of people served by community water systems providing optimal levels of fluoride. (Baseline: 62 percent in 1989)

Note: Optimal levels of fluoride are determined by the mean maximum daily air temperature over a 5-year period and range between 0.7 and 1.2 parts of fluoride per one million parts of water (ppm).

13.10 Increase use of professionally or self-administered topical or systemic (dietary) fluorides to at least 85 percent of people not receiving optimally fluoridated public water. (Baseline: An estimated 50 percent in 1989)

13.11* Increase to at least 75 percent the proportion of parents and caregivers who use feeding practices that prevent baby bottle tooth decay. (Baseline data available in 1991)

Special Population Targets

Appropriate Feeding Practices	*Baseline*	*2000 Target*
13.11a Parents and caregivers with less than high school education	—	65%
13.11b American Indian/Alaska Native parents and caregivers	—	65%

Services and Protection Objectives

13.12 Increase to at least 90 percent the proportion of all children entering school programs for the first time who have received an oral health screening, referral, and followup for necessary diagnostic, preventive, and treatment services. (Baseline: 66 percent of children aged 5 visited a dentist during the previous year in 1986)

Note: School programs include Head Start, prekindergarten, kindergarten, and 1st grade.

13.13 Extend to all long-term institutional facilities the requirement that oral examinations and services be provided no later than 90 days after entry into these facilities. (Baseline: Nursing facilities receiving Medicaid or Medicare reimbursement will be required to provide for oral examinations within 90 days of patient entry beginning in 1990; baseline data unavailable for other institutions)

Note: Long-term institutional facilities include nursing homes, prisons, juvenile homes, and detention facilities.

13.14 Increase to at least 70 percent the proportion of people aged 35 and older using the oral health care system during each year. (Baseline: 54 percent in 1986)

Special Population Targets

Proportion Using Oral Health Care System During Each Year	*1986 Baseline*	*2000 Target*
13.14a Edentulous people	11%	50%
13.14b People aged 65 and older	42%	60%

13.15 Increase to at least 40 the number of States that have an effective system for recording and referring infants with cleft lips and/or palates to craniofacial anomaly teams. (Baseline: In 1988, approximately 25 States had a central recording mechanism for cleft lip and/or palate and approximately 25 States had an organized referral system to craniofacial anomaly teams)

13.16* Extend requirement of the use of effective head, face, eye, and mouth protection to all organizations, agencies, and institutions sponsoring sporting and recreation events that pose risks of injury. (Baseline: Only National Collegiate Athletic Association football, hockey, and lacrosse; high school football; amateur boxing; and amateur ice hockey in 1988)

14. Maternal and Infant Health

Health Status Objectives

14.1 Reduce the infant mortality rate to no more than 7 per 1,000 live births. (Baseline: 10.1 per 1,000 live births in 1987)

Special Population Targets

	Infant Mortality (per 1,000 live births)	*1987 Baseline*	*2000 Target*
14.1a	Blacks	17.9	11
14.1b	American Indians/Alaska Natives	12.5†	8.5
14.1c	Puerto Ricans	12.9†	8

Type-Specific Targets

	Neonatal and Postneonatal Mortality (per 1,000 live births)	*1987 Baseline*	*2000 Target*
14.1d	Neonatal mortality	6.5	4.5
14.1e	Neonatal mortality among blacks	11.7	7
14.1f	Neonatal mortality among Puerto Ricans	8.6†	5.2
14.1g	Postneonatal mortality	3.6	2.5
14.1h	Postneonatal mortality among blacks	6.1	4
14.1i	Postneonatal mortality among American Indians/Alaska Natives	6.5†	4
14.1j	Postneonatal mortality among Puerto Ricans	4.3†	2.8

†*1984 baseline*

Note: Infant mortality is deaths of infants under 1 year; neonatal mortality is deaths of infants under 28 days; and postneonatal mortality is deaths of infants aged 28 days up to 1 year.

14.2 Reduce the fetal death rate (20 or more weeks of gestation) to no more than 5 per 1,000 live births plus fetal deaths. (Baseline: 7.6 per 1,000 live births plus fetal deaths in 1987)

Special Population Target

	Fetal Deaths	*1987 Baseline*	*2000 Target*
14.2a	Blacks	12.8†	7.5†

† *Per 1,000 live births plus fetal deaths*

14.3 Reduce the maternal mortality rate to no more than 3.3 per 100,000 live births. (Baseline: 6.6 per 100,000 in 1987)

Special Population Target

	Maternal Mortality	*1987 Baseline*	*2000 Target*
14.3a	Blacks	14.2†	5†

† *Per 100,000 live births*

Note: The objective uses the maternal mortality rate as defined by the National Center for Health Statistics. However, if other sources of maternal mortality data are used, a 50-percent reduction in maternal mortality is the intended target.

14.4 Reduce the incidence of fetal alcohol syndrome to no more than 0.12 per 1,000 live births. (Baseline: 0.22 per 1,000 live births in 1987)

Special Population Targets

	Fetal Alcohol Syndrome (per 1,000 live births)	*1987 Baseline*	*2000 Target*
14.4a	American Indians/Alaska Natives	4	2
14.4b	Blacks	0.8	0.4

Risk Reduction Objectives

14.5 Reduce low birth weight to an incidence of no more than 5 percent of live births and very low birth weight to no more than 1 percent of live births. (Baseline: 6.9 and 1.2 percent, respectively, in 1987)

Special Population Target

		1987 Baseline	*2000 Target*
	Low Birth Weight		
14.5a	Blacks	12.7%	9%
	Very Low Birth Weight		
	Blacks	2.7%	2%

Note: Low birth weight is weight at birth of less than 2,500 grams; very low birth weight is weight at birth of less than 1,500 grams.

14.6 Increase to at least 85 percent the proportion of mothers who achieve the minimum recommended weight gain during their pregnancies. (Baseline: 67 percent of married women in 1980)

Note: Recommended weight gain is pregnancy weight gain recommended in the 1990 National Academy of Science's report, Nutrition During Pregnancy.

14.7 Reduce severe complications of pregnancy to no more than 15 per 100 deliveries. (Baseline: 22 hospitalizations (prior to delivery) per 100 deliveries in 1987)

Note: Severe complications of pregnancy will be measured using hospitalizations due to pregnancy-related complications.

14.8 Reduce the cesarean delivery rate to no more than 15 per 100 deliveries. (Baseline: 24.4 per 100 deliveries in 1987)

Type-Specific Targets

	Cesarean Delivery (per 100 deliveries)	*1987 Baseline*	*2000 Target*
14.8a	Primary (first time) cesarean delivery	17.4	12
14.8b	Repeat cesarean deliveries	91.2†	65†

†*Among women who had a previous cesarean delivery*

14.9* Increase to at least 75 percent the proportion of mothers who breastfeed their babies in the early postpartum period and to at least 50 percent the proportion who continue breastfeeding until their babies are 5 to 6 months old. (Baseline: 54 percent at discharge from birth site and 21 percent at 5 to 6 months in 1988)

Special Population Targets

	Mothers Breastfeeding Their Babies:	*1988 Baseline*	*2000 Target*
	During Early Postpartum Period —		
14.9a	Low-income mothers	32%	75%
14.9b	Black mothers	25%	75%
14.9c	Hispanic mothers	51%	75%
14.9d	American Indian/Alaska Native mothers	47%	75%
	At Age 5-6 Months —		
14.9a	Low-income mothers	9%	50%
14.9b	Black mothers	8%	50%
14.9c	Hispanic mothers	16%	50%
14.9d	American Indian/Alaska Native mothers	28%	50%

14.10 Increase abstinence from tobacco use by pregnant women to at least 90 percent and increase abstinence from alcohol, cocaine, and marijuana by pregnant women by at least 20 percent. (Baseline: 75 percent of pregnant women abstained from tobacco use in 1985)

Note: Data for alcohol, cocaine, and marijuana use by pregnant women will be available from the National Maternal and Infant Health Survey, CDC, in 1991.

Services and Protection Objectives

14.11 Increase to at least 90 percent the proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy. (Baseline: 76 percent of live births in 1987)

Special Population Targets

	Proportion of Pregnant Women Receiving Early Prenatal Care	*1987 Baseline*	*2000 Target*
14.11a	Black women	61.1†	90†
14.11b	American Indian/Alaska Native women	60.2†	90†
14.11c	Hispanic women	61.0†	90†

† *Percent of live births*

14.12* Increase to at least 60 percent the proportion of primary care providers who provide age-appropriate preconception care and counseling. (Baseline data available in 1992)

14.13 Increase to at least 90 percent the proportion of women enrolled in prenatal care who are offered screening and counseling on prenatal detection of fetal abnormalities. (Baseline data available in 1991)

Note: This objective will be measured by tracking use of maternal serum alpha-fetoprotein screening tests.

14.14 Increase to at least 90 percent the proportion of pregnant women and infants who receive risk-appropriate care. (Baseline data available in 1991)

Note: This objective will be measured by tracking the proportion of very low birth weight infants (less than 1,500 grams) born in facilities covered by a neonatologist 24 hours a day.

14.15 Increase to at least 95 percent the proportion of newborns screened by State-sponsored programs for genetic disorders and other disabling conditions and to 90 percent the proportion of newborns testing positive for disease who receive appropriate treatment. (Baseline: For sickle cell anemia, with 20 States reporting, approximately 33 percent of live births screened (57 percent of black infants); for galactosemia, with 38 States reporting, approximately 70 percent of live births screened)

Note: As measured by the proportion of infants served by programs for sickle cell anemia and galactosemia. Screening programs should be appropriate for State demographic characteristics.

14.16 Increase to at least 90 percent the proportion of babies aged 18 months and younger who receive recommended primary care services at the appropriate intervals. (Baseline data available in 1992)

15. Heart Disease and Stroke

Health Status Objectives

15.1* Reduce coronary heart disease deaths to no more than 100 per 100,000 people. (Age-adjusted baseline: 135 per 100,000 in 1987)

		Special Population Target	
	Coronary Deaths (per 100,000)	*1987 Baseline*	*2000 Target*
15.1a	Blacks	163	115

15.2 Reduce stroke deaths to no more than 20 per 100,000 people. (Age-adjusted baseline: 30.3 per 100,000 in 1987)

		Special Population Target	
	Stroke Deaths (per 100,000)	*1987 Baseline*	*2000 Target*
15.2a	Blacks	51.2	27

15.3 Reverse the increase in end-stage renal disease (requiring maintenance dialysis or transplantation) to attain an incidence of no more than 13 per 100,000. (Baseline: 13.9 per 100,000 in 1987)

		Special Population Target	
	ESRD Incidence (per 100,000)	*1987 Baseline*	*2000 Target*
15.3a	Blacks	32.4	30

Risk Reduction Objectives

15.4 Increase to at least 50 percent the proportion of people with high blood pressure whose blood pressure is under control. (Baseline: 11 percent controlled among people aged 18 through 74 in 1976-80; an estimated 24 percent for people aged 18 and older in 1982-84)

		Special Population Target		
	High Blood Pressure Control	*1976-80 Baseline*	*1982-84 Baseline*	*2000 Target*
15.4a	Men with high blood pressure	6%	16%	40%

Note: People with high blood pressure have blood pressure equal to or greater than 140 mm Hg systolic and/or 90 mm Hg diastolic and/or take antihypertensive medication. Blood pressure control is defined as maintaining a blood pressure less than 140 mm Hg systolic and 90 mm Hg diastolic. In NHANES II and the Seven States Study, control of hypertension did not include nonpharmacologic treatment. In NHANES III, those controlling their high blood pressure without medication (e.g., through weight loss, low sodium diets, or restriction of alcohol) will be included.

15.5 Increase to at least 90 percent the proportion of people with high blood pressure who are taking action to help control their blood pressure. (Baseline: 79 percent of aware hypertensives aged 18 and older were taking action to control their blood pressure in 1985)

		Special Population Targets	
	Taking Action to Control Blood Pressure	*1985 Baseline*	*2000 Target*
15.5a	White hypertensive men aged 18-34	51%†	80%
15.5b	Black hypertensive men aged 18-34	63%†	80%

†*Baseline for aware hypertensive men*

Note: High blood pressure is defined as blood pressure equal to or greater than 140 mm Hg systolic and/or 90 mm Hg diastolic and/or taking antihypertensive medication. Actions to control blood pressure include taking medication, dieting to lose weight, cutting down on salt, and exercising.

15.6 Reduce the mean serum cholesterol level among adults to no more than 200 mg/dL. (Baseline: 213 mg/dL among people aged 20 through 74 in 1976-80, 211 mg/dL for men and 215 mg/dL for women)

15.7 Reduce the prevalence of blood cholesterol levels of 240 mg/dL or greater to no more than 20 percent among adults. (Baseline: 27 percent for people aged 20 through 74 in 1976-80, 29 percent for women and 25 percent for men)

15.8 Increase to at least 60 percent the proportion of adults with high blood cholesterol who are aware of their condition and are taking action to reduce their blood cholesterol to recommended levels. (Baseline: 11 percent of all people aged 18 and older, and thus an estimated 30 percent of people with high blood cholesterol, were aware that their blood cholesterol level was high in 1988)

Note: "High blood cholesterol" means a level that requires diet and, if necessary, drug treatment. Actions to control high blood cholesterol include keeping medical appointments, making recommended dietary changes (e.g., reducing saturated fat, total fat, and dietary cholesterol), and, if necessary, taking prescribed medication.

15.9* Reduce dietary fat intake to an average of 30 percent of calories or less and average saturated fat intake to less than 10 percent of calories among people aged 2 and older. (Baseline: 36 percent of calories from total fat and 13 percent from saturated fat for people aged 20 through 74 in 1976-80; 36 percent and 13 percent for women aged 19 through 50 in 1985)

15.10* Reduce overweight to a prevalence of no more than 20 percent among people aged 20 and older and no more than 15 percent among adolescents aged 12 through 19. (Baseline: 26 percent for people aged 20 through 74 in 1976-80, 24 percent for men and 27 percent for women; 15 percent for adolescents aged 12 through 19 in 1976-80)

Special Population Targets

Overweight Prevalence	*1976-80 Baseline*[†]	*2000 Target*
15.10a Low-income women aged 20 and older	37%	25%
15.10b Black women aged 20 and older	44%	30%
15.10c Hispanic women aged 20 and older		25%
Mexican-American women	39%[ˆ˜]	
Cuban women	34%[ˆ˜]	
Puerto Rican women	37%[ˆ˜]	
15.10d American Indians/Alaska Natives	29-75%[§]	30%
15.10e People with disabilities	36%[+]	25%
15.10f Women with high blood pressure	50%	41%
15.10g Men with high blood pressure	39%	35%

[†]*Baseline for people aged 20-74* [ˆ˜]*1982-84 baseline for Hispanics aged 20-74*

[§]*1984-88 estimates for different tribes*

[+]*1985 baseline for people aged 20-74 who report any limitation in activity due to chronic conditions*

Note: For people aged 20 and older, overweight is defined as body mass index (BMI) equal to or greater than 27.8 for men and 27.3 for women. For adolescents, overweight is defined as BMI equal to or greater than 23.0 for males aged 12 through 14, 24.3 for males aged 15 through 17, 25.8 for males aged 18 through 19, 23.4 for females aged 12 through 14, 24.8 for females aged 15 through 17, and 25.7 for females aged 18 through 19. The values for adolescents are the age- and gender-specific 85th percentile values of the 1976-80 National Health and Nutrition Examination Survey (NHANES II), corrected for sample variation. BMI is calculated by dividing weight in kilograms by the square of height in meters. The cut points used to define overweight approximate the 120 percent of desirable body weight definition used in the 1990 objectives.

15.11* Increase to at least 30 percent the proportion of people aged 6 and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day. (Baseline: 22 percent of people aged 18 and older were active for at least 30 minutes 5 or more times per week and 12 percent were active 7 or more times per week in 1985)

Note: Light to moderate physical activity requires sustained, rhythmic muscular movements, is at least equivalent to sustained walking, and is performed at less than 60 percent of maximum heart rate for age. Maximum heart rate equals roughly 220 beats per minute minus age. Examples may include walking, swimming, cycling, dancing, gardening and yardwork, various domestic and occupational activities, and games and other childhood pursuits.

15.12* Reduce cigarette smoking to a prevalence of no more than 15 percent among people aged 20 and older. (Baseline: 29 percent in 1987, 32 percent for men and 27 percent for women)

Special Population Targets

Cigarette Smoking Prevalence	*1987 Baseline*	*2000 Target*
15.12a People with a high school education or less aged 20 and older	34%	20%
15.12b Blue-collar workers aged 20 and older	36%	20%
15.12c Military personnel	42%[†]	20%
15.12d Blacks aged 20 and older	34%[ˆ]	18%
15.12e Hispanics aged 20 and older	33%[ˆ˜]	18%
15.12f American Indians/Alaska Natives	42-70%[§]	20%
15.12g Southeast Asian men	55%[+]	20%
15.12h Women of reproductive age	29%[††]	12%
15.12i Pregnant women	25%[ˆˆ˜˜]	10%
15.12j Women who use oral contraceptives	36%[§§]	10%

[†]*1988 baseline* [ˆ˜]*1982-84 baseline for Hispanics aged 20-74* [§]*1979-87 estimates for different tribes*

[+]*1984-88 baseline* [††]*Baseline for women aged 18-44* [ˆˆ˜˜]*1985 baseline* [§§]*1983 baseline*

Note: A cigarette smoker is a person who has smoked at least 100 cigarettes and currently smokes cigarettes.

Services and Protection Objectives

15.13 Increase to at least 90 percent the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high. (Baseline: 61 percent of people aged 18 and older had their blood pressure measured within the preceding 2 years and were given the systolic and diastolic values in 1985)

Note: A blood pressure measurement within the preceding 2 years refers to a measurement by a health professional or other trained observer.

15.14 Increase to at least 75 percent the proportion of adults who have had their blood cholesterol checked within the preceding 5 years. (Baseline: 59 percent of people aged 18 and older had "ever" had their cholesterol checked in 1988; 52 percent were checked "within the preceding 2 years" in 1988)

15.15 Increase to at least 75 percent the proportion of primary care providers who initiate diet and, if necessary, drug therapy at levels of blood cholesterol consistent with current management guidelines for patients with high blood cholesterol. (Baseline data available in 1991)

Note: Current treatment recommendations are outlined in detail in the Report of the Expert Panel on the Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults, released by the National Cholesterol Education Program in 1987. Guidelines appropriate for children are currently being established. Treatment recommendations are likely to be refined over time. Thus, for the year 2000, "current" means whatever recommendations are then in effect.

15.16 Increase to at least 50 percent the proportion of worksites with 50 or more employees that offer high blood pressure and/or cholesterol education and control activities to their employees. (Baseline: 16.5 percent offered high blood pressure activities and 16.8 percent offered nutrition education activities in 1985)

15.17 Increase to at least 90 percent the proportion of clinical laboratories that meet the recommended accuracy standard for cholesterol measurement. (Baseline: 53 percent in 1985)

16. Cancer

Health Status Objectives

16.1* Reverse the rise in cancer deaths to achieve a rate of no more than 130 per 100,000 people. (Age-adjusted baseline: 133 per 100,000 in 1987)

Note: In its publications, the National Cancer Institute age adjusts cancer death rates to the 1970 U.S. population. Using the 1970 standard, the equivalent baseline and target values for this objective would be 171 and 175 per 100,000, respectively.

16.2* Slow the rise in lung cancer deaths to achieve a rate of no more than 42 per 100,000 people. (Age-adjusted baseline: 37.9 per 100,000 in 1987)

Note: In its publications, the National Cancer Institute age adjusts cancer death rates to the 1970 U.S. population. Using the 1970 standard, the equivalent baseline and target values for this objective would be 47.9 and 53 per 100,000, respectively.

16.3 Reduce breast cancer deaths to no more than 20.6 per 100,000 women. (Age-adjusted baseline: 22.9 per 100,000 in 1987)

Note: In its publications, the National Cancer Institute age adjusts cancer death rates to the 1970 U.S. population. Using the 1970 standard, the equivalent baseline and target values for this objective would be 27.2 and 25.2 per 100,000, respectively.

16.4 Reduce deaths from cancer of the uterine cervix to no more than 1.3 per 100,000 women. (Age-adjusted baseline: 2.8 per 100,000 in 1987)

Note: In its publications, the National Cancer Institute age adjusts cancer death rates to the 1970 U.S. population. Using the 1970 standard, the equivalent baseline and target values for this objective would be 3.2 and 1.5 per 100,000, respectively.

16.5 Reduce colorectal cancer deaths to no more than 13.2 per 100,000 people. (Age-adjusted baseline: 14.4 per 100,000 in 1987)

Note: In its publications, the National Cancer Institute age adjusts cancer death rates to the 1970 U.S. population. Using the 1970 standard, the equivalent baseline and target values for this objective would be 20.1 and 18.7 per 100,000, respectively.

Risk Reduction Objectives

16.6* Reduce cigarette smoking to a prevalence of no more than 15 percent among people aged 20 and older. (Baseline: 29 percent in 1987, 32 percent for men and 27 percent for women)

Special Population Targets

	Cigarette Smoking Prevalence	*1987 Baseline*	*2000 Target*
16.6a	People with a high school education or less aged 20 and older	34%	20%
16.6b	Blue-collar workers aged 20 and older	36%	20%
16.6c	Military personnel	42%†	20%
16.6d	Blacks aged 20 and older	34%	18%
16.6e	Hispanics aged 20 and older	33%‡	18%
16.6f	American Indians/Alaska Natives	42-70%§	20%
16.6g	Southeast Asian men	55%+	20%
16.6h	Women of reproductive age	29%††	12%
16.6i	Pregnant women	25%‡‡	10%
16.6j	Women who use oral contraceptives	36%§§	10%

†*1988 baseline* ‡*1982-84 baseline for Hispanics aged 20-74* §*1979-87 estimates for different tribes*
+*1984-88 baseline* ††*Baseline for women aged 18-44* ‡‡*1985 baseline* §§*1983 baseline*

Note: A cigarette smoker is a person who has smoked at least 100 cigarettes and currently smokes cigarettes.

16.7* Reduce dietary fat intake to an average of 30 percent of calories or less and average saturated fat intake to less than 10 percent of calories among people aged 2 and older. (Baseline: 36 percent of calories from total fat and 13 percent from saturated fat for people aged 20 through 74 in 1976-80; 36 percent and 13 percent for women aged 19 through 50 in 1985)

Note: The inclusion of a saturated fat target in this objective should not be interpreted as evidence that reducing only saturated fat will reduce cancer risk. Epidemiologic and experimental animal studies suggest that the amount of fat consumed rather than the specific type of fat can influence the risk of some cancers.

16.8* Increase complex carbohydrate and fiber-containing foods in the diets of adults to 5 or more daily servings for vegetables (including legumes) and fruits, and to 6 or more daily servings for grain products. (Baseline: 2½ servings of fruits and vegetables and 3 servings of grain products for women aged 19 through 50 in 1985)

16.9 Increase to at least 60 percent the proportion of people of all ages who limit sun exposure, use sunscreens and protective clothing when exposed to sunlight, and avoid artificial sources of ultraviolet light (e.g., sun lamps, tanning booths). (Baseline data available in 1992)

Services and Protection Objectives

16.10 Increase to at least 75 percent the proportion of primary care providers who routinely counsel patients about tobacco use cessation, diet modification, and cancer screening recommendations. (Baseline: About 52 percent of internists reported counseling more than 75 percent of their smoking patients about smoking cessation in 1986)

16.11 Increase to at least 80 percent the proportion of women aged 40 and older who have ever received a clinical breast examination and a mammogram, and to at least 60 percent those aged 50 and older who have received them within the preceding 1 to 2 years. (Baseline: 36 percent of women aged 40 and older "ever" in 1987; 25 percent of women aged 50 and older "within the preceding 2 years" in 1987)

Special Population Targets

Clinical Breast Exam & Mammogram:	*1987 Baseline*	*2000 Target*
Ever Received—		
16.11a Hispanic women aged 40 and older	20%	80%
16.11b Low-income women aged 40 and older (annual family income <$10,000)	22%	80%
16.11c Women aged 40 and older with less than high school education	23%	80%
16.11d Women aged 70 and older	25%	80%
16.11e Black women aged 40 and older	28%	80%
Received Within Preceding 2 Years—		
16.11a Hispanic women aged 50 and older	18%	60%
16.11b Low-income women aged 50 and older (annual family income <$10,000)	15%	60%
16.11c Women aged 50 and older with less than high school education	16%	60%
16.11d Women aged 70 and older	18%	60%
16.11e Black women aged 50 and older	19%	60%

16.12 Increase to at least 95 percent the proportion of women aged 18 and older with uterine cervix who have ever received a Pap test, and to at least 85 percent those who received a Pap test within the preceding 1 to 3 years. (Baseline: 88 percent "ever" and 75 percent "within the preceding 3 years" in 1987)

Special Population Targets

Pap Test:	*1987 Baseline*	*2000 Target*
Ever Received—		
16.12a Hispanic women aged 18 and older	75%	95%
16.12b Women aged 70 and older	76%	95%
16.12c Women aged 18 and older with less than high school education	79%	95%
16.12d Low-income women aged 18 and older (annual family income <$10,000)	80%	95%
Received Within Preceding 3 Years—		
16.12a Hispanic women aged 18 and older	66%	80%
16.12b Women aged 70 and older	44%	70%
16.12c Women aged 18 and older with less than high school education	58%	75%
16.12d Low-income women aged 18 and older (annual family income <$10,000)	64%	80%

16.13 Increase to at least 50 percent the proportion of people aged 50 and older who have received fecal occult blood testing within the preceding 1 to 2 years, and to at least 40 percent those who have ever received proctosigmoidoscopy. (Baseline: 27 percent received fecal occult blood testing during the preceding 2 years in 1987; 25 percent had ever received proctosigmoidoscopy in 1987)

16.14 Increase to at least 40 percent the proportion of people aged 50 and older visiting a primary care provider in the preceding year who have received oral, skin, and digital rectal examinations during one such visit. (Baseline: An estimated 27 percent received a digital rectal exam during a physician visit within the preceding year in 1987)

16.15 Ensure that Pap tests meet quality standards by monitoring and certifying all cytology laboratories. (Baseline data available in 1991)

16.16 Ensure that mammograms meet quality standards by monitoring and certifying at least 80 percent of mammography facilities. (Baseline: An estimated 18 to 21 percent certified by the American College of Radiology as of June 1990)

17. Diabetes and Chronic Disabling Conditions

Health Status Objectives

Chronic Disabling Conditions

17.1* Increase years of healthy life to at least 65 years. (Baseline: An estimated 62 years in 1980)

Special Population Targets

	Years of Healthy Life	*1980 Baseline*	*2000 Target*
17.1a	Blacks	56	60
17.1b	Hispanics	62	65
17.1c	People aged 65 and older	12†	14†

†*Years of healthy life remaining at age 65*

Note: Years of healthy life (also referred to as quality-adjusted life years) is a summary measure of health that combines mortality (quantity of life) and morbidity and disability (quality of life) into a single measure. For people aged 65 and older, active life-expectancy, a related summary measure, also will be tracked.

17.2 Reduce to no more than 8 percent the proportion of people who experience a limitation in major activity due to chronic conditions. (Baseline: 9.4 percent in 1988)

Special Population Targets

	Prevalence of Disability	*1988 Baseline*	*2000 Target*
17.2a	Low-income people (annual family income <$10,000 in 1988)	18.9%	15%
17.2b	American Indians/Alaska Natives	13.4%†	11%
17.2c	Blacks	11.2%	9%

†*1983-85 baseline*

Note: Major activity refers to the usual activity for one's age-gender group whether it is working, keeping house, going to school, or living independently. Chronic conditions are defined as conditions that either (1) were first noticed 3 or more months ago, or (2) belong to a group of conditions such as heart disease and diabetes, which are considered chronic regardless of when they began.

17.3 Reduce to no more than 90 per 1,000 people the proportion of all people aged 65 and older who have difficulty in performing two or more personal care activities, thereby preserving independence. (Baseline: 111 per 1,000 in 1984-85)

Special Population Target

	Difficulty Performing Self-Care Activities (per 1,000)	*1984-85 Baseline*	*2000 Target*
17.3a	People aged 85 and older	371	325

Note: Personal care activities are bathing, dressing, using the toilet, getting in and out of bed or chair, and eating.

17.4 Reduce to no more than 10 percent the proportion of people with asthma who experience activity limitation. (Baseline: Average of 19.4 percent during 1986-88)

Note: Activity limitation refers to any self-reported limitation in activity attributed to asthma.

17.5 Reduce activity limitation due to chronic back conditions to a prevalence of no more than 19 per 1,000 people. (Baseline: Average of 21.9 per 1,000 during 1986-88)

Note: Chronic back conditions include intervertebral disk disorders, curvature of the back or spine, and other self-reported chronic back impairments such as permanent stiffness or deformity of the back or repeated trouble with the back. Activity limitation refers to any self-reported limitation in activity attributed to a chronic back condition.

17.6 Reduce significant hearing impairment to a prevalence of no more than 82 per 1,000 people. (Baseline: Average of 88.9 per 1,000 during 1986-88)

Special Population Target

	Hearing Impairment (per 1,000)	*1986-88 Baseline*	*2000 Target*
17.6a	People aged 45 and older	203	180

Note: Hearing impairment covers the range of hearing deficits from mild loss in one ear to profound loss in both ears. Generally, inability to hear sounds at levels softer (less intense) than 20 decibels (dB) constitutes abnormal hearing. Significant hearing impairment is defined as having hearing thresholds for speech poorer than 25 dB. However, for this objective, self-reported hearing impairment (i.e., deafness in one or both ears or any trouble hearing in one or both ears) will be used as a proxy measure for significant hearing impairment.

17.7 Reduce significant visual impairment to a prevalence of no more than 30 per 1,000 people. (Baseline: Average of 34.5 per 1,000 during 1986-88)

Special Population Target

	Visual Impairment (per 1,000)	*1986-88 Baseline*	*2000 Target*
17.7a	People aged 65 and older	87.7	70

Note: Significant visual impairment is generally defined as a permanent reduction in visual acuity and/or field of vision which is not correctable with eyeglasses or contact lenses. Severe visual impairment is defined as inability to read ordinary newsprint even with corrective lenses. For this objective, self-reported blindness in one or both eyes and other self-reported visual impairments (i.e., any trouble seeing with one or both eyes even when wearing glasses or colorblindness) will be used as a proxy measure for significant visual impairment.

17.8* Reduce the prevalence of serious mental retardation in school-aged children to no more than 2 per 1,000 children. (Baseline: 2.7 per 1,000 children aged 10 in 1985-88)

Note: Serious mental retardation is defined as an Intelligence Quotient (I.Q.) less than 50. This includes individuals defined by the American Association of Mental Retardation as profoundly retarded (I.Q. of 20 or less), severely retarded (I.Q. of 21-35), and moderately retarded (I.Q. of 36-50).

Diabetes

17.9 Reduce diabetes-related deaths to no more than 34 per 100,000 people. (Age-adjusted baseline: 38 per 100,000 in 1986)

Special Population Targets

Diabetes-Related Deaths (per 100,000)	*1986 Baseline*	*2000 Target*
17.9a Blacks	65	58
17.9b American Indians/Alaska Natives	54	48

Note: Diabetes-related deaths refer to deaths from diabetes as an underlying or contributing cause.

17.10 Reduce the most severe complications of diabetes as follows:

Complications Among People With Diabetes	*1988 Baseline*	*2000 Target*
End-stage renal disease	1.5/1,000†	1.4/1,000
Blindness	2.2/1,000	1.4/1,000
Lower extremity amputation	8.2/1,000†	4.9/1,000
Perinatal mortality‡	5%	2%
Major congenital malformations‡	8%	4%

†*1987 baseline* ‡*Among infants of women with established diabetes*

Special Population Targets for ESRD

ESRD Due to Diabetes (per 1,000)	*1983-86 Baseline*	*2000 Target*
17.10a Blacks with diabetes	2.2	2
17.10b American Indians/Alaska Natives with diabetes	2.1	1.9

Special Population Target for Amputations

Lower Extremity Amputations Due to Diabetes (per 1,000)	*1984-87 Baseline*	*2000 Target*
17.10c Blacks with diabetes	10.2	6.1

Note: End-stage renal disease (ESRD) is defined as requiring maintenance dialysis or transplantation and is limited to ESRD due to diabetes. Blindness refers to blindness due to diabetic eye disease.

17.11 Reduce diabetes to an incidence of no more than 2.5 per 1,000 people and a prevalence of no more than 25 per 1,000 people. (Baselines: 2.9 per 1,000 in 1987; 28 per 1,000 in 1987)

Special Population Targets

Prevalence of Diabetes (per 1,000)	*1982-84 Baseline*†	*2000 Target*
17.11a American Indians/Alaska Natives	69‡	62
17.11b Puerto Ricans	55	49
17.11c Mexican Americans	54	49
17.11d Cuban Americans	36	32
17.11e Blacks	36§	32

†*1982-84 baseline for people aged 20-74*

‡*1987 baseline for American Indians/Alaska Natives aged 15 and older*

§*1987 baseline for blacks of all ages*

Risk Reduction Objectives

17.12* Reduce overweight to a prevalence of no more than 20 percent among people aged 20 and older and no more than 15 percent among adolescents aged 12 through 19. (Baseline: 26 percent for people aged 20 through 74 in 1976-80, 24 percent for men and 27 percent for women; 15 percent for adolescents aged 12 through 19 in 1976-80)

Special Population Targets

Overweight Prevalence	*1976-80 Baseline*[†]	*2000 Target*
17.12a Low-income women aged 20 and older	37%	25%
17.12b Black women aged 20 and older	44%	30%
17.12c Hispanic women aged 20 and older		25%
Mexican-American women	39%[‡]	
Cuban women	34%[‡]	
Puerto Rican women	37%[‡]	
17.12d American Indians/Alaska Natives	29-75%[§]	30%
17.12e People with disabilities	36%[+]	25%
17.12f Women with high blood pressure	50%	41%
17.12g Men with high blood pressure	39%	35%

[†] *1976-80 baseline for people aged 20-74* [‡] *1982-84 baseline for Hispanics aged 20-74*

[§] *1984-88 estimates for different tribes*

[+] *1985 baseline for people aged 20-74 who report any limitation in activity due to chronic conditions*

Note: For people aged 20 and older, overweight is defined as body mass index (BMI) equal to or greater than 27.8 for men and 27.3 for women. For adolescents, overweight is defined as BMI equal to or greater than 23.0 for males aged 12 through 14, 24.3 for males aged 15 through 17, 25.8 for males aged 18 through 19, 23.4 for females aged 12 through 14, 24.8 for females aged 15 through 17, and 25.7 for females aged 18 through 19. The values for adolescents are the age- and gender-specific 85th percentile values of the 1976-80 National Health and Nutrition Examination Survey (NHANES II), corrected for sample variation. BMI is calculated by dividing weight in kilograms by the square of height in meters. The cut points used to define overweight approximate the 120 percent of desirable body weight definition used in the 1990 objectives.

17.13* Increase to at least 30 percent the proportion of people aged 6 and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day. (Baseline: 22 percent of people aged 18 and older were active for at least 30 minutes 5 or more times per week and 12 percent were active 7 or more times per week in 1985)

Note: Light to moderate physical activity requires sustained, rhythmic muscular movements, is at least equivalent to sustained walking, and is performed at less than 60 percent of maximum heart rate for age. Maximum heart rate equals roughly 220 beats per minute minus age. Examples may include walking, swimming, cycling, dancing, gardening and yardwork, various domestic and occupational activities, and games and other childhood pursuits.

Services and Protection Objectives

17.14 Increase to at least 40 percent the proportion of people with chronic and disabling conditions who receive formal patient education including information about community and self-help resources as an integral part of the management of their condition. (Baseline data available in 1991)

Type-Specific Targets

Patient Education	*1983-84 Baseline*	*2000 Target*
17.14a People with diabetes	32% (classes) 68% (counseling)	75%
17.14b People with asthma	—	50%

17.15 Increase to at least 80 percent the proportion of providers of primary care for children who routinely refer or screen infants and children for impairments of vision, hearing, speech and language, and assess other developmental milestones as part of well-child care. (Baseline data available in 1992)

17.16 Reduce the average age at which children with significant hearing impairment are identified to no more than 12 months. (Baseline: Estimated as 24 to 30 months in 1988)

17.17 Increase to at least 60 percent the proportion of providers of primary care for older adults who routinely evaluate people aged 65 and older for urinary incontinence and impairments of vision, hearing, cognition, and functional status. (Baseline data available in 1992)

17.18 Increase to at least 90 percent the proportion of perimenopausal women who have been counseled about the benefits and risks of estrogen replacement therapy (combined with progestin, when appropriate) for prevention of osteoporosis. (Baseline data available in 1991)

17.19 Increase to at least 75 percent the proportion of worksites with 50 or more employees that have a voluntarily established policy or program for the hiring of people with disabilities. (Baseline: 37 percent of medium and large companies in 1986)

Note: Voluntarily established policies and programs for the hiring of people with disabilities are encouraged for worksites of all sizes. This objective is limited to worksites with 50 or more employees for tracking purposes.

17.20 Increase to 50 the number of States that have service systems for children with or at risk of chronic and disabling conditions, as required by Public Law 101-239. (Baseline data available in 1991)

Note: Children with or at risk of chronic and disabling conditions, often referred to as children with special health care needs, include children with psychosocial as well as physical problems. This population encompasses children with a wide variety of actual or potential disabling conditions, including children with or at risk for cerebral palsy, mental retardation, sensory deprivation, developmental disabilities, spina bifida, hemophilia, other genetic disorders, and health-related educational and behavioral problems. Service systems for such children are organized networks of comprehensive, community-based, coordinated, and family-centered services.

18. HIV Infection

Health Status Objectives

18.1 Confine annual incidence of diagnosed AIDS cases to no more than 98,000 cases. (Baseline: An estimated 44,000 to 50,000 diagnosed cases in 1989)

Special Population Targets

	Diagnosed AIDS Cases	*1989 Baseline*	*2000 Target*
18.1a	Gay and bisexual men	26,000-28,000	48,000
18.1b	Blacks	14,000-15,000	37,000
18.1c	Hispanics	7,000-8,000	18,000

Note: Targets for this objective are equal to upper bound estimates of the incidence of diagnosed AIDS cases projected for 1993.

18.2 Confine the prevalence of HIV infection to no more than 800 per 100,000 people. (Baseline: An estimated 400 per 100,000 in 1989)

Special Population Targets

	Estimated Prevalence of HIV Infection (per 100,000)	*1989 Baseline*	*2000 Target*
18.2a	Homosexual men	2,000-42,000†	20,000
18.2b	Intravenous drug abusers	30,000-40,000‡	40,000
18.2c	Women giving birth to live-born infants	150	100

†*Per 100,000 homosexual men aged 15 through 24 based on men tested in selected sexually transmitted disease clinics in unlinked surveys; most studies find HIV prevalence of between 2,000 and 21,000 per 100,000*

‡*Per 100,000 intravenous drug abusers aged 15 through 24 in the New York city vicinity; in areas other than major metropolitan centers, infection rates in people entering selected drug treatment programs tested in unlinked surveys are often under 500 per 100,000*

Risk Reduction Objectives

18.3* Reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 15 percent by age 15 and no more than 40 percent by age 17. (Baseline: 27 percent of girls and 33 percent of boys by age 15; 50 percent of girls and 66 percent of boys by age 17; reported in 1988)

18.4* Increase to at least 50 percent the proportion of sexually active, unmarried people who used a condom at last sexual intercourse. (Baseline: 19 percent of sexually active, unmarried women aged 15 through 44 reported that their partners used a condom at last sexual intercourse in 1988)

Special Population Targets

	Use of Condoms	*1988 Baseline*	*2000 Target*
18.4a	Sexually active young women aged 15-19 (by their partners)	26%	60%
18.4b	Sexually active young men aged 15-19	57%	75%
18.4c	Intravenous drug abusers	—	60%

Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.

18.5 Increase to at least 50 percent the estimated proportion of all intravenous drug abusers who are in drug abuse treatment programs. (Baseline: An estimated 11 percent of opiate abusers were in treatment in 1989)

18.6 Increase to at least 50 percent the estimated proportion of intravenous drug abusers not in treatment who use only uncontaminated drug paraphernalia ("works"). (Baseline: 25 to 35 percent of opiate abusers in 1989)

18.7 Reduce to no more than 1 per 250,000 units of blood and blood components the risk of transfusion-transmitted HIV infection. (Baseline: 1 per 40,000 to 150,000 units in 1989)

Services and Protection Objectives

18.8 Increase to at least 80 percent the proportion of HIV-infected people who have been tested for HIV infection. (Baseline: An estimated 15 percent of approximately 1,000,000 HIV-infected people had been tested at publicly funded clinics, in 1989)

18.9* Increase to at least 75 percent the proportion of primary care and mental health care providers who provide age-appropriate counseling on the prevention of HIV and other sexually transmitted diseases. (Baseline: 10 percent of physicians reported that they regularly assessed the sexual behaviors of their patients in 1987)

Special Population Target

	Counseling on HIV and STD Prevention	*1987 Baseline*	*2000 Target*
18.9a	Providers practicing in high incidence areas	—	90%

Note: Primary care providers include physicians, nurses, nurse practitioners, and physician assistants. Areas of high AIDS and sexually transmitted disease incidence are cities and States with incidence rates of AIDS cases, HIV seroprevalence, gonorrhea, or syphilis that are at least 25 percent above the national average.

18.10 Increase to at least 95 percent the proportion of schools that have age-appropriate HIV education curricula for students in 4th through 12th grade, preferably as part of quality school health education. (Baseline: 66 percent of school districts required HIV education but only 5 percent required HIV education in each year for 7th through 12th grade in 1989)

Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.

18.11 Provide HIV education for students and staff in at least 90 percent of colleges and universities. (Baseline data available in 1995)

18.12 Increase to at least 90 percent the proportion of cities with populations over 100,000 that have outreach programs to contact drug abusers (particularly intravenous drug abusers) to deliver HIV risk reduction messages. (Baseline data available in 1995)

Note: HIV risk reduction messages include messages about reducing or eliminating drug use, entering drug treatment, disinfection of injection equipment if still injecting drugs, and safer sex practices.

18.13* Increase to at least 50 percent the proportion of family planning clinics, maternal and child health clinics, sexually transmitted disease clinics, tuberculosis clinics, drug treatment centers, and primary care clinics that screen, diagnose, treat, counsel, and provide (or refer for) partner notification services for HIV infection and bacterial sexually transmitted diseases (gonorrhea, syphilis, and chlamydia). (Baseline: 40 percent of family planning clinics for bacterial sexually transmitted diseases in 1989)

18.14 Extend to all facilities where workers are at risk for occupational transmission of HIV regulations to protect workers from exposure to bloodborne infections, including HIV infection. (Baseline data available in 1992)

Note: The Occupational Safety and Health Administration (OSHA) is expected to issue regulations requiring worker protection from exposure to bloodborne infections, including HIV, during 1991. Implementation of the OSHA regulations would satisfy this objective.

19. Sexually Transmitted Diseases

Health Status Objectives

19.1 Reduce gonorrhea to an incidence of no more than 225 cases per 100,000 people. (Baseline: 300 per 100,000 in 1989)

Special Population Targets

	Gonorrhea Incidence (per 100,000)	*1989 Baseline*	*2000 Target*
19.1a	Blacks	1,990	1,300
19.1b	Adolescents aged 15-19	1,123	750
19.1c	Women aged 15-44	501	290

19.2 Reduce *Chlamydia trachomatis* infections, as measured by a decrease in the incidence of nongonococcal urethritis to no more than 170 cases per 100,000 people. (Baseline: 215 per 100,000 in 1988)

19.3 Reduce primary and secondary syphilis to an incidence of no more than 10 cases per 100,000 people. (Baseline: 18.1 per 100,000 in 1989)

Special Population Target

	Primary and Secondary Syphilis Incidence (per 100,000)	*1989 Baseline*	*2000 Target*
19.3a	Blacks	118	65

19.4 Reduce congenital syphilis to an incidence of no more than 50 cases per 100,000 live births. (Baseline: 100 per 100,000 live births in 1989)

19.5 Reduce genital herpes and genital warts, as measured by a reduction to 142,000 and 385,000, respectively, in the annual number of first-time consultations with a physician for the conditions. (Baseline: 167,000 and 451,000 in 1988)

19.6 Reduce the incidence of pelvic inflammatory disease, as measured by a reduction in hospitalizations for pelvic inflammatory disease to no more than 250 per 100,000 women aged 15 through 44. (Baseline: 311 per 100,000 in 1988)

19.7* Reduce sexually transmitted hepatitis B infection to no more than 30,500 cases. (Baseline: 58,300 cases in 1988)

19.8 Reduce the rate of repeat gonorrhea infection to no more than 15 percent within the previous year. (Baseline: 20 percent in 1988)

Note: As measured by a reduction in the proportion of gonorrhea patients who, within the previous year, were treated for a separate case of gonorrhea.

Risk Reduction Objectives

19.9* Reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 15 percent by age 15 and no more than 40 percent by age 17. (Baseline: 27 percent of girls and 33 percent of boys by age 15; 50 percent of girls and 66 percent of boys by age 17; reported in 1988)

19.10* Increase to at least 50 percent the proportion of sexually active, unmarried people who used a condom at last sexual intercourse. (Baseline: 19 percent of sexually active, unmarried women aged 15 through 44 reported that their partners used a condom at last sexual intercourse in 1988)

Special Population Targets

Use of Condoms	*1988 Baseline*	*2000 Target*
19.10a Sexually active young women aged 15-19 (by their partners)	25%	60%
19.10b Sexually active young men aged 15-19	57%	75%
19.10c Intravenous drug abusers	—	60%

Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.

Services and Protection Objectives

19.11* Increase to at least 50 percent the proportion of family planning clinics, maternal and child health clinics, sexually transmitted disease clinics, tuberculosis clinics, drug treatment centers, and primary care clinics that screen, diagnose, treat, counsel, and provide (or refer for) partner notification services for HIV infection and bacterial sexually transmitted diseases (gonorrhea, syphilis, and chlamydia). (Baseline: 40 percent of family planning clinics for bacterial sexually transmitted diseases in 1989)

19.12 Include instruction in sexually transmitted disease transmission prevention in the curricula of all middle and secondary schools, preferably as part of quality school health education. (Baseline: 95 percent of schools reported offering at least one class on sexually transmitted diseases as part of their standard curricula in 1988)

Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.

19.13 Increase to at least 90 percent the proportion of primary care providers treating patients with sexually transmitted diseases who correctly manage cases, as measured by their use of appropriate types and amounts of therapy. (Baseline: 70 percent in 1988)

19.14* Increase to at least 75 percent the proportion of primary care and mental health care providers who provide age-appropriate counseling on the prevention of HIV and other sexually transmitted diseases. (Baseline: 10 percent of physicians reported that they regularly assessed the sexual behaviors of their patients in 1987)

Special Population Target

Counseling on HIV and STD Prevention	*1987 Baseline*	*2000 Target*
19.14a Providers practicing in high incidence areas	—	90%

Note: Primary care providers include physicians, nurses, nurse practitioners, and physician assistants. Areas of high AIDS and sexually transmitted disease incidence are cities and States with incidence rates of AIDS cases, HIV seroprevalence, gonorrhea, or syphilis that are at least 25 percent above the national average.

19.15 Increase to at least 50 percent the proportion of all patients with bacterial sexually transmitted diseases (gonorrhea, syphilis, and chlamydia) who are offered provider referral services. (Baseline: 20 percent of those treated in sexually transmitted disease clinics in 1988)

Note: Provider referral (previously called contact tracing) is the process whereby health department personnel directly notify the sexual partners of infected individuals of their exposure to an infected individual.

20. Immunization and Infectious Diseases

Health Status Objectives

20.1 Reduce indigenous cases of vaccine-preventable diseases as follows:

Disease	*1988 Baseline*	*2000 Target*
Diphtheria among people aged 25 and younger	1	0
Tetanus among people aged 25 and younger	3	0
Polio (wild-type virus)	0	0
Measles	3,058	0
Rubella	225	0
Congenital Rubella Syndrome	6	0
Mumps	4,866	500
Pertussis	3,450	1,000

20.2 Reduce epidemic-related pneumonia and influenza deaths among people aged 65 and older to no more than 7.3 per 100,000. (Baseline: Average of 9.1 per 100,000 during 1980 through 1987)

Note: Epidemic-related pneumonia and influenza deaths are those that occur above and beyond the normal yearly fluctuations of mortality. Because of the extreme variability in epidemic-related deaths from year to year, the target is a 3-year average.

20.3* Reduce viral hepatitis as follows:

(Per 100,000)	*1987 Baseline*	*2000 Target*
Hepatitis B (HBV)	63.5	40
Hepatitis A	31	23
Hepatitis C	18.3	13.7

Special Population Targets for HBV

	HBV Cases	*1987 Estimated Baseline*	*2000 Target*
20.3a	Intravenous drug abusers	30,000	22,500
20.3b	Heterosexually active people	33,000	22,000
20.3c	Homosexual men	25,300	8,500
20.3d	Children of Asians/Pacific Islanders	8,900	1,800
20.3e	Occupationally exposed workers	6,200	1,250
20.3f	Infants	3,500	550 new carriers
20.3g	Alaska Natives	15	1

20.4 Reduce tuberculosis to an incidence of no more than 3.5 cases per 100,000 people. (Baseline: 9.1 per 100,000 in 1988)

Special Population Targets

	Tuberculosis Cases (per 100,000)	*1988 Baseline*	*2000 Target*
20.4a	Asians/Pacific Islanders	36.3	15
20.4b	Blacks	28.3	10
20.4c	Hispanics	18.3	5
20.4d	American Indians/Alaska Natives	18.1	5

20.5 Reduce by at least 10 percent the incidence of surgical wound infections and nosocomial infections in intensive care patients. (Baseline data available in late 1990)

20.6 Reduce selected illness among international travelers as follows:

Incidence	*1987 Baseline*	*2000 Target*
Typhoid fever	280	140
Hepatitis A	1,280	640
Malaria	2,000	1,000

20.7 Reduce bacterial meningitis to no more than 4.7 cases per 100,000 people. (Baseline: 6.3 per 100,000 in 1986)

Special Population Target

	Bacterial Meningitis Cases (per 100,000)	*1987 Baseline*	*2000 Target*
20.7a	Alaska Natives	33	8

20.8 Reduce infectious diarrhea by at least 25 percent among children in licensed child care centers and children in programs that provide an Individualized Education Program (IEP) or Individualized Health Plan (IHP). (Baseline data available in 1992)

20.9 Reduce acute middle ear infections among children aged 4 and younger, as measured by days of restricted activity or school absenteeism, to no more than 105 days per 100 children. (Baseline: 131 days per 100 children in 1987)

20.10 Reduce pneumonia-related days of restricted activity as follows:

	1987 Baseline	*2000 Target*
People aged 65 and older (per 100 people)	48 days	38 days
Children aged 4 and younger (per 100 children)	27 days	24 days

Risk Reduction Objectives

20.11 Increase immunization levels as follows:

Basic immunization series among children under age 2: at least 90 percent. (Baseline: 70-80 percent estimated in 1989)

Basic immunization series among children in licensed child care facilities and kindergarten through post-secondary education institutions: at least 95 percent. (Baseline: For licensed child care, 94 percent; 97 percent for children entering school for the 1987-1988 school year; and for post-secondary institutions, baseline data available in 1992)

Pneumococcal pneumonia and influenza immunization among institutionalized chronically ill or older people: at least 80 percent. (Baseline data available in 1992)

Pneumococcal pneumonia and influenza immunization among noninstitutionalized, high-risk populations, as defined by the Immunization Practices Advisory Committee: at least 60 percent. (Baseline: 10 percent estimated for pneumococcal vaccine and 20 percent for influenza vaccine in 1985)

Hepatitis B immunization among high-risk populations, including infants of surface antigen-positive mothers to at least 90 percent; occupationally exposed workers to at least 90 percent; IV-drug users in drug treatment programs to at least 50 percent; and homosexual men to at least 50 percent. (Baseline data available in 1992)

20.12 Reduce postexposure rabies treatments to no more than 9,000 per year. (Baseline: 18,000 estimated treatments in 1987)

Services and Protection Objectives

20.13 Expand immunization laws for schools, preschools, and day care settings to all States for all antigens. (Baseline: 9 States and the District of Columbia in 1990)

20.14 Increase to at least 90 percent the proportion of primary care providers who provide information and counseling about immunizations and offer immunizations as appropriate for their patients. (Baseline data available in 1992)

20.15 Improve the financing and delivery of immunizations for children and adults so that virtually no American has a financial barrier to receiving recommended immunizations. (Baseline: Financial coverage for immunizations was included in 45 percent of employment-based insurance plans with conventional insurance plans; 62 percent with Preferred Provider Organization plans; and 98 percent with Health Maintenance Organization plans in 1989; Medicaid covered basic immunizations for eligible children and Medicare covered pneumococcal immunization for eligible older adults in 1990)

20.16 Increase to at least 90 percent the proportion of public health departments that provide adult immunization for influenza, pneumococcal disease, hepatitis B, tetanus, and diphtheria. (Baseline data available in 1991)

20.17 Increase to at least 90 percent the proportion of local health departments that have ongoing programs for actively identifying cases of tuberculosis and latent infection in populations at high risk for tuberculosis. (Baseline data available in 1991)

Note: Local health department refers to any local component of the public health system, defined as an administrative and service unit of local or State government concerned with health and carrying some responsibility for the health of a jurisdiction smaller than a State.

20.18 Increase to at least 85 percent the proportion of people found to have tuberculosis infection who completed courses of preventive therapy. (Baseline: 89 health departments reported that 66.3 percent of 95,201 persons placed on preventive therapy completed their treatment in 1987)

20.19 Increase to at least 85 percent the proportion of tertiary care hospital laboratories and to at least 50 percent the proportion of secondary care hospital and health maintenance organization laboratories possessing technologies for rapid viral diagnosis of influenza. (Baseline data available in 1992)

21. Clinical Preventive Services

Health Status Objective

21.1* Increase years of healthy life to at least 65 years. (Baseline: An estimated 62 years in 1980)

		Special Population Targets	
	Years of Healthy Life	*1980 Baseline*	*2000 Target*
21.1a	Blacks	56	60
21.1b	Hispanics	62	65
21.1c	People aged 65 and older	12†	14†

†*Years of healthy life remaining at age 65*

Note: Years of healthy life (also referred to as quality-adjusted life years) is a summary measure of health that combines mortality (quantity of life) and morbidity and disability (quality of life) into a single measure. For people aged 65 and older, active life-expectancy, a related summary measure, also will be tracked.

Risk Reduction Objective

21.2 Increase to at least 50 percent the proportion of people who have received, as a minimum within the appropriate interval, all of the screening and immunization services and at least one of the counseling services appropriate for their age and gender as recommended by the U.S. Preventive Services Task Force. (Baseline data available in 1991)

		Special Population Targets	
	Receipt of Recommended Services	*Baseline*	*2000 Target*
21.2a	Infants up to 24 months	—	90%
21.2b	Children aged 2-12	—	80%
21.2c	Adolescents aged 13-18	—	50%
21.2d	Adults aged 19-39	—	40%
21.2e	Adults aged 40-64	—	40%
21.2f	Adults aged 65 and older	—	40%
21.2g	Low-income people	—	50%
21.2h	Blacks	—	50%
21.2i	Hispanics	—	50%
21.2j	Asians/Pacific Islanders	—	50%
21.2k	American Indians/Alaska Natives	—	70%
21.2l	People with disabilities	—	80%

Services and Protection Objectives

21.3 Increase to at least 95 percent the proportion of people who have a specific source of ongoing primary care for coordination of their preventive and episodic health care. (Baseline: Less than 82 percent in 1986, as 18 percent reported having no physician, clinic, or hospital as a regular source of care)

Special Population Targets

	Percentage With Source of Care	*1986 Baseline*	*2000 Target*
21.3a	Hispanics	70%	95%
21.3b	Blacks	80%	95%
21.3c	Low-income people	80%	95%

21.4 Improve financing and delivery of clinical preventive services so that virtually no American has a financial barrier to receiving, at a minimum, the screening, counseling, and immunization services recommended by the U.S. Preventive Services Task Force. (Baseline data available in 1992)

21.5 Assure that at least 90 percent of people for whom primary care services are provided directly by publicly funded programs are offered, at a minimum, the screening, counseling, and immunization services recommended by the U.S. Preventive Services Task Force. (Baseline data available in 1992)

Note: Publicly funded programs that provide primary care services directly include federally funded programs such as the Maternal and Child Health Program, Community and Migrant Health Centers, and the Indian Health Service as well as primary care service settings funded by State and local governments. This objective does not include services covered indirectly through the Medicare and Medicaid programs.

21.6 Increase to at least 50 percent the proportion of primary care providers who provide their patients with the screening, counseling, and immunization services recommended by the U.S. Preventive Services Task Force. (Baseline data available in 1992)

21.7 Increase to at least 90 percent the proportion of people who are served by a local health department that assesses and assures access to essential clinical preventive services. (Baseline data available in 1992)

Note: Local health department refers to any local component of the public health system, defined as an administrative and service unit of local or State government concerned with health and carrying some responsibility for the health of a jurisdiction smaller than a State.

21.8 Increase the proportion of all degrees in the health professions and allied and associated health profession fields awarded to members of underrepresented racial and ethnic minority groups as follows:

Degrees Awarded To:	*1985-86 Baseline*	*2000 Target*
Blacks	5%	8%
Hispanics	3%	6.4%
American Indians/Alaska Natives	0.3%	0.6%

Note: Underrepresented minorities are those groups consistently below parity in most health profession schools—blacks, Hispanics, and American Indians and Alaska Natives.

22. Surveillance and Data Systems

Objectives

22.1 Develop a set of health status indicators appropriate for Federal, State, and local health agencies and establish use of the set in at least 40 States. (Baseline: No such set exists in 1990)

22.2 Identify, and create where necessary, national data sources to measure progress toward each of the year 2000 national health objectives. (Baseline: 77 percent of the objectives have baseline data in 1990)

Type-Specific Target

		1989 Baseline	*2000 Target*
22.2a	State level data for at least two-thirds of the objectives	23 States†	35 States

†*Measured using the 1989 Draft Year 2000 National Health Objectives*

22.3 Develop and disseminate among Federal, State, and local agencies procedures for collecting comparable data for each of the year 2000 national health objectives and incorporate these into Public Health Service data collection systems. (Baseline: Although such surveys as the National Health Interview Survey may serve as a model, widely accepted procedures do not exist in 1990)

22.4 Develop and implement a national process to identify significant gaps in the Nation's disease prevention and health promotion data, including data for racial and ethnic minorities, people with low incomes, and people with disabilities, and establish mechanisms to meet these needs. (Baseline: No such process exists in 1990)

Note: Disease prevention and health promotion data includes disease status, risk factors, and services receipt data. Public health problems include such issue areas as HIV infection, domestic violence, mental health, environmental health, occupational health, and disabling conditions.

22.5 Implement in all States periodic analysis and publication of data needed to measure progress toward objectives for at least 10 of the priority areas of the national health objectives. (Baseline: 20 States reported that they disseminate the analyses they use to assess State progress toward the health objectives to the public and to health professionals in 1989)

Type-Specific Target

	1989 Baseline	*2000 Target*
22.5a Periodic analysis and publication of State progress toward the national objectives for each racial or ethnic group that makes up at least 10 percent of the State population	—	25 States

Note: Periodic is at least once every 3 years. Objectives include, at a minimum, one from each objectives category: health status, risk reduction, and services and protection.

22.6 Expand in all States systems for the transfer of health information related to the national health objectives among Federal, State, and local agencies. (Baseline: 30 States reported that they have some capability for transfer of health data, tables, graphs, and maps to Federal, State, and local agencies that collect and analyze data in 1989)

Note: Information related to the national health objectives includes State and national level baseline data, disease prevention/health promotion evaluation results, and data generated to measure progress.

22.7 Achieve timely release of national surveillance and survey data needed by health professionals and agencies to measure progress toward the national health objectives. (Baseline data available in 1993)

Note: Timely release (publication of provisional or final data or public use data tapes) should be based on the use of the data, but is at least within one year of the end of data collection.

Age-Related Objectives

*Reduce the death rate for children by 15 percent to no more than 28 per 100,000 children aged 1 through 14, and for infants by approximately 30 percent to no more than 7 per 1,000 live births. (Baseline: 33 per 100,000 for children in 1987 and 10.1 per 1,000 live births for infants in 1987)

Reduce the death rate for adolescents and young adults by 15 percent to no more than 85 per 100,000 people aged 15 through 24. (Baseline: 99.4 per 100,000 in 1987)

Reduce the death rate for adults by 20 percent to no more than 340 per 100,000 people aged 25 through 64. (Baseline: 423 per 100,000 in 1987)

*Reduce to no more than 90 per 1,000 people the proportion of all people aged 65 and older who have difficulty in performing two or more personal care activities (a reduction of about 19 percent), thereby preserving independence. (Baseline: 111 per 1,000 in 1984-85)

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